MAXIMUS Federal Services

Case Number:	CM13-0072549		
Date Assigned:	01/17/2014	Date of Injury:	08/31/2010
Decision Date:	06/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who reported an injury on 08/31/2010. The mechanism of injury is not provided for review. The injured worker's treatment history included lumbar epidural steroid injections, physical therapy, chiropractic care, a home exercise program, medications, cervical epidural steroid injections. The injured worker was evaluated on 12/01/2013. Physical findings included a slow gait, moderate tenderness to palpation of the cervical, paravertebral musculature, with a positive axial head compression and Spurling's sign. The injured worker had C3-7 facet tenderness with restricted range of motion secondary to pain and decreased sensation of the palmar aspect of the bilateral hands. Evaluation of the lumbar spine documented moderate muscle spasming and tenderness to palpation of the paralumbar musculature with a positive straight leg raising test at 60 degrees bilaterally and restricted range of motion secondary to pain and decreased sensation of the L3-4 dermatomes of the right side. It was noted that the injured worker had decreased motor strength rated at a 4/5 of the knee extensors and hip flexors, tenderness to the sacroilliac joint. The injured worker's diagnoses included status post cervical epidural steroid injection, cervical disc disease, lumbar disc disease, cervical radiculopathy, lumbar radiculopathy, left knee sprain/strain, cervical facet syndrome, lumbar facet symptoms, and functional scoliosis. The injured worker's treatment plan included a third L3-4 and L4-5 epidural steroid injection due to 80% pain relief and reduction in medications resulting from prior injections, an epidural steroid injection from the C3-6 due to significant pain relief from the prior injection, and a prescription of Percocet, as Norco is no longer reportedly providing symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(B) L3-4 EPIDURAL STEROID INJECTION VIA TRANSFORAMINAL APPROACH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommends repeat epidural steroid injections be based on at least 50% pain relief and functional benefits for at least 6 to 8 weeks from the prior injection. The clinical documentation submitted for review does indicate that the injured worker initially had 80% pain relief from the first lateral transforaminal steroid injection at the L3-4. However, there is no documentation of how long this pain relief was provided. Additionally, it is noted that the injured worker had a reduction in pain medication as a result of the prior injection. However, a functional benefit was not provided or documented in the medical records provided for review. As such, the request is not medically necessary or appropriate.

SELECTIVE EPIDURAL CATHETERIZATION AT C3-7 LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines does not recommend epidural steroid injections at more than 2 levels. The request exceeds this recommendation. Additionally, it is noted that the injured worker underwent epidural steroid injections at the requested levels previously. The MTUS Chronic Pain Guidelines recommends that epidural steroid injections be repeated based on at least 50% pain relief and documentation of functional benefit for at least 6 weeks. The clinical documentation submitted for review does not specifically identify a quantitative assessment of pain relief or functional benefit resulting from the prior cervical epidural steroid injections. Therefore, additional epidrual steroid injections would not be supported. As such, the request is not medically necessary or appropriate.

PERCOCET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines recommends that all opioids come from 1 precribing physician. It is noted within the documentation provided for review that the injured worker is receiving Norco from his primary treating physician. Therefore, a prescription from a different provider would not be supported. Additionally, the request as it is submitted does not clearly identify a quantity, dosage, or frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Percocet is not medically necessary and appropriate.

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Drug Testing Page(s): 43.

Decision rationale: The clinical documentation does indicate that the worker is receiving opioids from another prescribing physician. The MTUS Chronic Pain Guidelines recommends urine drug screens for injured workers who have symptoms to support suspicion of illicit drug use. Urine drug screens are also recommended for injured workers on chronic opioid therapy. However, as the requesting physician is not the physician that provides the opioid medications for this injured worker, it is unclear why a urine drug screen is being requested. Additionally, the clinical documentation provided for review does not provide any evidence of overuse or withdrawal to support the need for a urine drug screen. As such, the requested urine toxicology screen is not medically necessary and appropriate.