

Case Number:	CM14-0004563		
Date Assigned:	02/05/2014	Date of Injury:	02/12/2002
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 67-year-old male who has submitted a claim for Lumbar Sprain/Strain with Bilateral Lower Extremity Radiculopathy associated with an industrial injury date of February 12, 2002. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of intermittent severe pain in the lumbar spine radiating to both legs accompanied by numbness and tingling in both feet. The patient also complained of spasms on both lower extremities. On physical examination, there was tenderness of the lumbar spine with limited range of motion. MRI of the lumbar spine dated July 9, 2013 revealed multilevel disc disease with osteophyte complex, desiccation and narrowing of the intervertebral disc space of L4-5 and L5-S1, mild central canal stenosis at various levels, severe canal stenosis at L4-5 with compression of the thecal sac and bilateral emerging L5 nerve roots, and moderate left foraminal stenosis at L5-S1. EMG/NCS of the bilateral lower extremities dated September 19, 2013 revealed findings of chronic right L5 lumbar radiculopathy. Treatment to date has included medications, lumbar spine facet Rhizotomy, and home exercise program. Utilization review from January 2, 2014 denied the request for bilateral L4-5 and L5-S1 transforaminal epidural steroid injections, quantity 2 because there was no lumbar imaging or electrodiagnostic studies to document radiculopathy; urine toxicology screen because the medical records were unclear in terms of what risk level the patient had been assessed; and home lumbar traction unit because guidelines do not recommend its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L (LUMBAR) 4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION X 2: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. In this case, previous lumbar epidural steroid injection yielded 70% pain relief. An appeal also stated that the patient's low back pain increased despite conservative measures. The medical records also showed imaging and electrodiagnostic studies documenting concordant nerve root pathology. Moreover, guidelines do not support "series-of-three" injections but 2 epidural steroid injections are recommended. The criteria were met. Therefore, the request for bilateral 1 (lumbar) 4-5 transforaminal epidural steroid injection, quantity 2 is 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 Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state that a urine analysis is recommended as an option before a therapeutic trial of opioids and to assess for the use or the presence of illegal drugs, abuse, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, a request for urine drug screen was made because the the patient's medications carried inherent side-effects that may be mild or life threatening in nature. However, the medical records showed that the patient was only being prescribed Mobic, which is an NSAID. There was no evidence that the patient was under on-going opioid management. There was also no discussion regarding starting or terminating a therapeutic trial of opioids. There is no clear indication for a urine drug screen at this time. Therefore, the request for urine toxicology screen is not medically necessary and appropriate.

HOME LUMBAR TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to the MTUS/ACOEM Guidelines, traction has not been proved effective for lasting relief in treating low back pain. Additional

MTUS/ACOEM guidelines state that evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In this case, there is no clear indication for lumbar traction. Therefore, the request for a home lumbar traction unit is not medically necessary and appropriate.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-301.

Decision rationale: According to the MTUS/ACOEM Guidelines, traction has not been proved effective for lasting relief in treating low back pain. Additional MTUS/ACOEM guidelines state that evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In this case, there is no clear indication for lumbar traction. Therefore, the request for a home lumbar traction unit is not medically necessary and appropriate.