

Case Number:	CM14-0008749		
Date Assigned:	02/12/2014	Date of Injury:	10/11/1996
Decision Date:	07/02/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 63-year-old female who reported an injury on 10/11/1996 secondary to an unknown mechanism of injury. Her diagnosis includes low back pain. Her current medications were noted to include Xanax, methadone, Topamax, Wellbutrin, Norco, and Zanaflex. According to the medical records submitted for review, the injured worker has used Norco and methadone since at least 01/02/2013. A urine drug screen collected on 09/25/2013 was consistent with the injured worker's use of methadone, Norco, and Xanax. She was evaluated on 11/27/2013 and reported 8/10 low back pain with bilateral leg pain and weakness. On physical examination, she was noted to have diminished sensation and weakness of the lower extremities bilaterally. According to this clinical note, an EMG/NCS performed on an unknown date revealed spinal stenosis. The injured worker was recommended for continued medications, a urine drug screen, and a caudal lumbar epidural steroid injection to treat radiculopathy. A Request for Authorization was submitted on 12/30/2014 for a performed urine screen and a caudal lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: The request for CAUDAL LUMBAR EPIDURAL STEROID INJECTION is non-certified. The California MTUS Guidelines may recommend epidural steroid injections as an option for treatment of radicular pain, which is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The injured worker reported low back pain and bilateral leg pain. The recent clinical notes fail to document subjective reports of pain in a specific dermatomal distribution. Additionally, the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On physical examination, the injured worker was noted to have diminished sensation and weakness in the lower extremities. The clinical note fails to document specific values for sensation and strength, and these findings do not indicate a specific dermatomal distribution. It was noted that an EMG/NCS performed on an unknown date revealed spinal stenosis. The documentation submitted for review failed to provide an official imaging study and/or electrodiagnostic testing to corroborate subjective or objective reports of radiculopathy. Moreover, the guidelines state that the injured worker should be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. There is a lack of documented evidence to indicate that the injured worker has been unresponsive to conservative care. Furthermore, the request as written does not specify the levels to be injected. In the absence of specific physical examination findings of radiculopathy, official imaging studies, failure of conservative care, and specified levels of injection, a caudal lumbar epidural steroid injection is not warranted at this time. As such, the request for CAUDAL LUMBAR EPIDURAL STEROID INJECTION is non-certified.

PERFORMED UDS (URINE DRUG SCREENING): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for PERFORMED UDS (URINE DRUG SCREENING) is non-certified. The injured worker's current medications were noted to include methadone, Xanax, and Norco. The California MTUS Guidelines recommend ongoing review and documentation of appropriate medication use in order to continue opioid use. More specifically, the Official Disability Guidelines recommend urine drug testing within 6 months of initiation of opioid therapy and on a yearly basis thereafter for injured workers at low risk of addiction or aberrant behavior. These guidelines do not recommend monthly testing unless the injured worker is at high risk for addiction or aberrant behavior. A urine drug screen collected on 09/25/2013 was consistent with the injured worker's use of methadone, Norco, and Xanax. There is insufficient documentation to indicate that the injured worker is at high risk for addiction or aberrant behavior. Therefore, there is insufficient evidence to warrant an additional urine drug screen performed on 11/27/2013. As such, the request for PERFORMED UDS (URINE DRUG SCREENING) is non-certified.

