

Case Number:	CM14-0013629		
Date Assigned:	02/26/2014	Date of Injury:	06/04/2002
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation 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:

According to the records made available for review, this is a 61-year-old female with a 6/4/02 date of injury. At the time (1/24/14) of request for authorization for urine drug screen qty: 1, bilateral transforaminal lumbar epidural steroid injection at L5-S1 qty: 1, and thoracic epidural steroid injection at T7-8 one month after LESI qty: 1, there is documentation of subjective (pain rated 6/10) and objective (tenderness over the lumbosacral area, lumbar range of motion flexion 45, extension minimal beyond neutral, rotation restricted to 20 degrees, straight leg raise positive on the right, motor strength 5/5 with some give-way on the right due to pain, sensation intact) findings, current diagnoses (lumbar degenerative disc disease, lumbar radiculopathy, markedly improved following previous epidural injections; thoracic degenerative disc disease, thoracic radiculopathy, still experiencing positive effects with prior thoracic epidural injection), and treatment to date (medications (including opioids), lumbar epidural steroid injection (with reported marked improvement), thoracic epidural steroid injection (8/13/13) (with reported 80% improvement until at least 12/19/13 and decrease need for medications)). 1/10/14 medical report identifies poor pain management with current dosage of Percocet. Regarding the requested bilateral transforaminal lumbar epidural steroid injection at L5-S1 qty: 1, there is no documentation of at least 50-70% pain relief for six to eight week, decreased need for pain medications, and functional response with previous lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING, 43

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar radiculopathy; thoracic degenerative disc disease; and thoracic radiculopathy. In addition, there is documentation of poor pain control and on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen qty: 1 is medically necessary.

BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT L5-S1 QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 7/18/09, EPIDURAL STEROID INJECTIONS (ESIS), 46

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar radiculopathy, markedly improved following previous epidural injections. However, despite documentation of marked improvement with previous lumbar epidural steroid injection, there is no documentation of at least 50-70% pain relief for six to eight week, decreased need for pain medications, and functional response with previous lumbar epidural steroid injection. Therefore, based on guidelines and a review of the evidence, the request for bilateral transforaminal lumbar epidural steroid injection at L5-S1 qty: 1 is not medically necessary.

THORACIC EPIDURAL STEROID INJECTION AT T7-8 ONE MONTH AFTER LESI QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS), 46

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of thoracic degenerative disc disease, thoracic radiculopathy, (still experiencing positive effects with prior thoracic epidural injection). In addition, there is documentation of a previous thoracic epidural steroid injection (8/13/13), with reported 80% improvement until at least 12/19/13 and decrease need for medications. Therefore, based on guidelines and a review of the evidence, the request for urine thoracic epidural steroid injection at T7-8 one month after LESI qty: 1 is medically necessary.