

Case Number:	CM14-0014700		
Date Assigned:	02/28/2014	Date of Injury:	01/26/2005
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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 Interventional Spine 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:

This patient is a 46-year-old male with date of injury of 01/26/2005. Per treating physician's report, 01/08/2014, patient presents with pain in the low back with radiation down the right lower extremity at intensity 4/10. Current medications include: 1. Atenolol. 2. Furosemide. 3. Klor-Con. 4. Gabapentin. 5. Dilaudid. 6. Zoloft. Examination showed no significant changes and assessment is that the patient is seen for monthly refill with current medication regimen covering his low back pain while with no changes and side effects. Under treatment plan, MRI showed significant facet arthropathy and discogenic disease, and therefore, request was for initial epidural steroid injection selectively, and improvement by greater than 50% for 4 weeks may repeat a second injection. Report from 12/31/2013, the examination does not show any findings of the lumbar spine and request was for left selective epidural steroid injection at L5-S1 based on clinical, subjective, and MRI findings. MRI report of the lumbar spine from 12/18/2013 showed left-sided disk osteophyte with bilateral degenerative facet enlargement, resulting in bilateral neuroforaminal and left suprapedicular subarticular zone stenosis, impression upon traversing left S1 nerve root and mildly at exiting L5 nerve root

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT SELECTIVE EPIDURAL STEROID INJECTION AT L5-S1 UNDER FLUROSCOPIC GUIDANCE: 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, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Treatment Guidelines, Page(s): 46 OF 127.

Decision rationale: This patient presents with chronic low back pain with radiation of symptoms into right lower extremity. The request was for left-side L5-S1 transforaminal epidural steroid injection. MRI of the lumbar spine showed left-sided disk osteophyte complex causing impression upon the nerve roots at L5 and S1. MTUS Guidelines support epidural steroid injections for clear diagnosis of radiculopathy that require dermatomal distribution pain/paresthesia demonstrated by physical examination and corroborated by imaging studies. In this case, patient described symptoms down the right lower extremity in a nonspecific pattern with MRI showing left-sided findings. There are no examination findings such as myotomal or dermatomal deficits of motor sensory findings, no reflex changes, and no straight leg raise testing report. Given the lack of clear diagnosis of radiculopathy on left lower extremity, the side of requested ESI, recommendation is for denial.

1 URINALYSIS DRUG SCREEN: 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, OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, for Steps to avoid opioid misuse, Page(s): 94-95.

Decision rationale: This patient presents with chronic low back and lower extremity pain. The patient is being prescribed opiates including Dilaudid. The request was for urine drug screen, but review of the results show that the patient has had urine drug screen almost on a monthly basis. Urine drug screens are obtained on 07/24/2013, 08/01/2013, 10/23/2013, and 12/31/2013. MTUS Guidelines support use of urine drug screens for chronic opiates management. ODG Guidelines support once yearly urine drug screens performed randomly to manage low-risk patients. In this case, the treating physician does not describe moderate or high risk associated with this patient's opiate use. Monthly urine drug screen is excessive for low-risk patients and recommendation is for denial.