

<b>Case Number:</b>	CM14-0016377		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/19/2003
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, 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:

The patient is a 48-year-old female with date of injury of 05/19/2003. The listed diagnoses per [REDACTED] dated 11/27/2013 are sprain/strain of the neck and lumbar sprain and strain with disk. The reports show that the patient complains of hip, back and neck pain. She reports having difficulty moving and getting out of bed. She also states that her pain is mostly on her left with numbness to her toes and also in her right leg. She is concerned about her back pain which she rates 7/10. The exam shows generalized tenderness to palpation of the paraspinal muscles from the occiput to the sacrum. She is able to perform her range of motion with pain. There is decreased sensation to pin prick at the right upper extremities and left lower extremities. Strength is intact. Straight leg raise is negative. The MRI of the lumbar spine dated 01/03/2014 shows mild-to-moderate degenerative disc disease at L5-S1 with moderate narrowing of the left neural foramen. The utilization review denied the report on 01/27/2014. The provider is requesting an L5-S1 epidural steroid facet injection, and laboratory urinalysis and a pregnancy test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 EPIDURAL STEROID FACET INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Facet Joint.

**Decision rationale:** This patient presents with chronic neck, back, and hip pain. The provider is requesting an L5-S1 epidural facet steroid injection. The MRI dated 01/03/2014 of the lumbar spine shows a focal mild to moderate degenerative disk disease at L5-S1 resulting in moderate narrowing of the left neuroforamen and mild narrowing of the right neural foramen. The California MTUS Guidelines page 46 and 47 recommend ESI as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. ACOEM Guidelines do not support facet joint injections for back pain but does discuss dorsal medial branch blocks and RF ablations following that on page 300 and 301. For a more thorough discussion regarding facet joint diagnostic evaluations, ODG Guidelines is consulted. ODG Guidelines support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally. In this case, it appears the provider is requesting an ESI and a facet blocks at the same time. These injections are not recommended to be performed simultaneously. ESI's recommended for radiculopathy and if radiculopathy is present, fact evaluation/injections are not recommended. Recommendation is for denial

**LABS; URINALYSIS; PREG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria For Use Of Urine Drug Testing.

**Decision rationale:** This patient presents with chronic neck, back, and hip pain. The provider is requesting labs, urinalysis and a pregnancy test. While California MTUS does not specifically address how frequent urine drug screen should be obtained for a various risk opiate users, ODG guidelines provide a more clear guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. California MTUS does not specify what "frequent" entails and does not provide guidelines for low risk patients. ODG, however, recommends once yearly for patients on opiate that are low risk. The patient's current medications include Prozac and Trazodone. In this case, the patient is not taking any opioids that would warrant the need for medication monitoring using a urine drug screen. Furthermore, the request for a pregnancy test is not medically necessary given that the ESI was denied. Recommendations for both urinalysis and pregnancy test is for denial.