

<b>Case Number:</b>	CM14-0112980		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/22/2005
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year-old female who sustained work related injuries on 04/22/05. The mechanism of injury was not described. The injured worker underwent right shoulder surgery on 10/23/13. The injured worker received an interscalene block on 08/23/13. The injured worker was previously recommended to undergo left knee surgery. Records report the injured worker has chronic neck pain and back pain. Urine drug screens on 03/18/14, 04/24/14 and 06/11/14 were negative for any medications. Per a physical examination dated 05/22/14 there was tenderness and spasm accompanied by antalgic gait. There was no clinical documentation of neuropathic findings on this physical examination. The injured worker had low back pain and remained symptomatic over the years. Pain levels were 6-7/10 on the visual analog scale. An MRI reportedly showed disc bulges at T11-12, L3-4, L4-5 with mild right neural foraminal narrowing and L5-S1 there is a 2-3mm posterior disc bulge. There was facet arthropathy at L3-4, L4-5, and L5-S1 more so on the right. The claimant had lumbar radiculopathy on the right at L4, L5 with some S1 contribution. A utilization review determination dated 07/14/14 non-certified the requests for right L4-5 transforaminal epidural steroid injection, Tramadol 50mg #60, and a Urine Drug Screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 Transforaminal Epidural Steroid Injection under Fluoroscopic Guidance:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** The submitted clinical records indicate that the injured worker sustained a trip and fall resulting in injuries to the neck, back and shoulder. She subsequently underwent shoulder surgery with some improvement. She had continued subjective complaints of neck pain and low back pain. Physical examinations through 05/12/14 were very benign. There was no indication of any substantive pathology. The most recent physical examination would clearly be considered aberrant in the presence of older historical documents. On examination she had facet pain and muscle spasm of a moderate intensity, and positive straight leg raise on the right and decreased sensation in the right L4, L5, and S1 distributions. Deep tendon reflexes are 2+ and symmetric. Noting the lack of consistency between serial examinations and the most recent examination as well as the report of global sensory loss in the right lower extremity the request for Transforaminal Epidural Steroid Injection on the right at L4-5 is not supported as medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for Tramadol 50mg #60 is not supported as medically necessary. Three urine drug screens between 03/18/14 and 06/11/14 were all negative for any prescribed medications. As such there is no data to support the continuation of opiate medications and medical necessity has not been established.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The request for a Urine Drug Screen is not supported as medically necessary. The injured worker has chronic complaints of neck and back neck back and right shoulder pain. Serial Urine Drug Screens indicate that the injured worker was not consuming any oral medications as directed. Given this historical information the request for repeat Urine Drug Screen is not supported.