

Case Number:	CM14-0113798		
Date Assigned:	08/01/2014	Date of Injury:	01/04/2006
Decision Date:	11/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Pain Management 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 58 year old male with a date of injury on 1/4/2006. Per 6/9/2014 records, the injured worker complained of low back pain radiating to the right ankle with numbness and tingling sensation. He noted that his pain was increasing with weight-bearing. He also reported difficulty sleeping, falling and staying asleep. A lumbar spine examination noted tenderness over the paraspinal muscles. Straight leg raising was positive to the right calf. Range of motion was limited. Sensation was decreased to the right L4-L5 dermatome distribution. Most recent records dated 6/20/14, indicated that the injured worker complained of low back pain rated at 8/10. He described his pain as radiating to the bilateral legs, right side greater than left, down to the ankles with constant achy sharp pain with numbness and tingling sensation. He reported that he had two prior lumbar epidural steroid injections with more than 70% relief for more than a year for each injection. The last one was administered in 2008. Objectively, he was noted with right antalgic gait and heel-toe walk exacerbated it. Diffuse tenderness was noted over the lumbar paravertebral musculature. Moderate facet tenderness was noted from L4 to S1. Kemp's test and straight leg raising test were positive bilaterally. Farfan's test was also positive bilaterally. Range of motion was limited in all planes. Sensation was decreased along the bilateral L4 and L5 dermatomes. Muscle testing was 4/5 to the big toe extensors (L5) and knee extensors (L4). A magnetic resonance imaging (MRI) of the lumbar spine dated 3/11/2014, showed a 7-mm disc herniation at L4-5 with severe bilateral neuroforaminal narrowing with impingement of the bilateral L4 nerve roots, right side greater than left; and facet degenerative changes with redundancy of the ligamentum flavum also contributing to the neuroforaminal narrowing. At L5-S1, there was 4-mm right paracentral disc protrusion superimposed, broad based disc bulge with moderate to severe right and moderate left neuroforaminal narrowing. Hypertrophic facet degenerative changes were also seen. At L3-L4, there was moderate central canal stenosis,

hypertrophic facet changes, 5-mm broad-based disc bulge with left lateral prominence and moderate to severe left and moderate right neuroforaminal narrowing. He is diagnosed with (a) lumbar disc disease, (b) lumbar radiculopathy, and (c) lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar TSI at bilateral L4 - L5 and L5 - S1, X2: Overturned

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

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

Decision rationale: According to evidence-based guidelines, repeat epidural steroid injections are only warranted if there is evidence of at least 50% pain relief and 6-8 weeks reduction in medication usage. In this case, records indicate that the injured worker has had two prior lumbar steroid injections which produced 70% pain relief for more or less a year for each injection. Records also indicate that the injured worker has failed conservative treatments including physical therapy. Based on the clinical presentation of this injured worker as well as positive response with prior lumbar epidural steroid injections the requested repeat lumbar transforaminal epidural steroid injections at the bilateral L4-L5 and L5-S1 x 2 is established and is therefore certified. The previous utilization review (UR) determination indicated that the documentation does not describe percentage of analgesic response and duration of effect following prior epidural steroid injections as well as documentation of functional benefit and duration of effect. However, most recent records did provide this required information. Therefore, this request is medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT)

Decision rationale: Although evidence-based guidelines recommend frequent random urine drug screening, this is only appropriate for injured workers who are classified to be at moderate to high risk for abuse/addiction. Records do indicate that the injured worker is utilizing Tramadol, an opioid, for pain management. However, there are no indications or signs that the injured worker is at moderate to high risk for opioid addiction or aberrant behavior or history of comorbid psychiatric disorders. With this, guidelines indicate that urine drug screening can be done once or twice per year. Hence, the medical necessity of the requested urine toxicology screening is not established. Therefore, this request is not medically necessary.

