

Case Number:	CM14-0114756		
Date Assigned:	08/04/2014	Date of Injury:	02/02/2006
Decision Date:	12/31/2014	UR Denial Date:	06/26/2014
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 Physical Medicine and Rehabilitation, has a subspecialty 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:

This is a male patient with the date of injury of February 2, 2006. A Utilization Review dated June 26, 2014 recommended modification of 12 visits in a year with a pain management specialist to 1 visit with a pain management specialist and random drug screen (#12) to 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results, x1 and non-certification of office visits x 2 with epidural injections at L4-L5 and L5-S1 left side. A Follow-up Note dated May 6, 2014 identifies Subjective findings of chronic low back pain and left sciatica. He also has right knee pain. He notes that his leg pain is very bothersome. Objective findings identify reflex in the right knee was deferred due to knee pain. Assessment identifies lumbar spondylosis with chronic low back and leg pain. Plan identifies epidural injection. He notes good response to epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits in a year with a pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Pain Procedure Summary (updated 5/15/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127, and Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page 52.

Decision rationale: Regarding the request for 12 visits in a year with a pain management specialist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has chronic low back and leg pain. While a few visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for monthly visits for a year cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested 12 visits in a year with a pain management specialist is not medically necessary.

2 epidural steroid injections, L4-5 and L5-S1 left side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Low Back Procedure Summary (updated 5/12/14), Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: Regarding the request for 2 epidural steroid injections, L4-5 and L5-S1 left side, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks from prior injections. As such, the currently requested 2 epidural steroid injections, L4-5 and L5-S1 left side are not medically necessary.

Random drug screen #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment

for Workers' Compensation, Pain Procedure Summary (updated 5/15/14), Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for random drug screen #12, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. As such, the currently requested random drug screen #12 is not medically necessary.