

Case Number:	CM14-0119159		
Date Assigned:	08/06/2014	Date of Injury:	11/01/1989
Decision Date:	10/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational 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:

This is a 70 year old female with a 9/5/96 injury date. The mechanism of injury was not provided. In a follow-up on 6/5/14, subjective complaints included low back pain with radiation into the legs. Objective findings included wide gait, paraspinal tenderness, facet tenderness, positive SLR bilaterally, positive Farfan's bilaterally, and weakness in the ankles, toes, knees, and hips. A lumbar spine MRI on 2/15/14 showed L3-4 anterolisthesis, L4-5 and L5-S1 facet arthropathy, and left L4-5 protrusion. Diagnostic impression: lumbar degenerative disc disease and spondylosis. Treatment to date: c-spine fusion (2000), left ilium ORIF, nerve root block (2009), cervical epidural injection (2010), physical therapy, medications. A UR decision on 6/27/14 partially certified the request for lumbar epidural steroid injections X 2 to lumbar epidural steroid injection X 1, on the basis that approval of a second injection depends upon the response to the first. The request for urine tox screening was denied on the basis that the patient is not currently taking opioids or other medication of potential abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections x (2): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, there is documentation of objective signs of radiculopathy as well as evidence of failed prior conservative treatment. However, two injections cannot be certified at this time as approval of a second injection depends upon the response to the first. Therefore, the request for bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections x (2) is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-pain chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing page 43, Urine testing in ongoing opiate management Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, there is no documentation of continued analgesia or functional improvement from the use of opiates. There is no evidence of lack of aberrant behavior, misuse, or adverse side effects. In addition, there is no discussion of urine drug screens, CURES monitoring, or an opiate pain contract. CA MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for urine toxicology screening is not medically necessary.