

Case Number:	CM14-0119534		
Date Assigned:	08/06/2014	Date of Injury:	01/17/2003
Decision Date:	09/11/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/29/2014

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, and Pain Medicine, and is licensed to practice in Texas. 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 46 year old male injured on 01/17/03 while lifting a bucket full of cement weighing approximately 30 pounds twisting his body and he felt a painful aching sensation in his lower back. The injured worker was initially treated with physical therapy and medication management followed by microdiscectomy of the lumbar spine in March of 2003. The injured worker underwent second microdiscectomy in 2004 followed by posterior fusion of the lumbar spine in 2005. The injured worker underwent hardware removal in 2006 with anterior fusion in 2007. Diagnoses include status post revision of lumbar fusion at L5-S1 via anterior approach, chronic low back pain status post multiple surgeries, left lower extremity radicular complaints. Clinical note dated 07/29/14 indicates the injured worker presented reporting continued low back pain with 50% improvement following epidural steroid injection on 06/04/14 with greater activities such as walking and riding his bike. The injured worker also had been using home transcutaneous electrical nerve stimulation unit. Prior epidural steroid injection was performed on 01/27/14 with 50-60% reduction in pain. The injured worker reports low back pain and achiness in the lateral aspect of the lower leg on the left with associated numbness and tingling in the left leg. The injured worker rated pain at 6/10 with medication and 9-10/10 without medications. Physical examination revealed tenderness of lumbar musculature with taut muscle band and muscle spasm, limited range of motion, positive straight leg raising bilaterally, and decreased sensation to light touch over the L4-5 nerve root distribution. Medications included Norco 7.5/325mg 5 times a day, Lyrica 75 mg 2 tablets twice a day, Robaxin 500mg twice a day, promethazine 25mg every day and sonata 5mg every night. Documentation indicates magnetic resonance image of the lumbar spine performed on 01/24/13 revealed lateral disc bulge at L5-S1 with osteophyte and mild left L5-S1 lateral recess stenosis, broad based disc protrusion with mild facet joint arthropathy contributing to mild left and

moderate right L4-5 foraminal encroachment; however, official radiology report was not provided for review. The initial request for one urine drug screen and one repeat lumbar injection was non-certified on 07/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 urine drug screen.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. There is no indication the patient is at high risk for aberrant behavior. The most recent urine drug screen was performed on 07/03/14. As such, the prospective request for 1 urine drug screen cannot be recommended as medically necessary.

Prospective request for 1 repeat lumbar epidural injection.: Upheld

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

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per California Medical Treatment Utilization Schedule a radiculopathy must be documented and objective findings on examination need to be present. Additionally, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. As such, the prospective request for 1 repeat lumbar epidural injection cannot be recommended as medically necessary.

