

<b>Case Number:</b>	CM14-0127385		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 is licensed to practice in Nevada. 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 records presented for review, indicate that this 66-year-old female was reportedly injured on 5/2/2005. The mechanism of injury was not listed. The most recent progress note, dated 8/11/2014, indicated that there were ongoing complaints of low back pain that radiated in the left lower extremity. The physical examination was handwritten and stated lumbar spine positive tenderness to palpation over the paravertebral musculature bilaterally, quadratus lumborum bilaterally, positive straight leg raise in the left lower extremity that radiates in the thigh, positive Faber's test on the right, and decreased sensation in the left lower extremity at L3-L4 dermatome levels. Range of motion flexion was 35, extension 10, RB 12 and LB 15. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, injections, and conservative treatment. A request had been made for transforaminal epidural steroid injection at left L3-L4 and L4-L5 and urine drug screen and was not medically necessary in the pre-authorization process on 8/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Left L3-4 and L4-5 Transforaminal Epidural Steroid Injection: Upheld**

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

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

**Decision rationale:** MTUS guidelines support Lumbar Epidural Steroid Injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Review, of the available medical records, documents conservative treatment has consisted of only medications. The claimant has not undergone physical therapy in the past 9 years. Also, there is no documentation of trial of chiropractic care or acupuncture. Therefore, this request is not considered medically necessary.

**1 Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Urine Drug Testing.

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

**Decision rationale:** MTUS guidelines support Urine Drug Screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction, or poor pain control. Given the lack of documentation of high risk behavior, previous abuse, or misuse of medications, the request is not considered medically necessary. Please note the only medication the patient is taking at this point in time is Gabapentin.