

Case Number:	CM14-0137548		
Date Assigned:	09/05/2014	Date of Injury:	09/15/1989
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Emergency 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 57 year old female who reported injury on 09/15/1985. The mechanism of injury was continuous trauma. Diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral knee osteoarthritis, cervical degenerative disc disease, cervical radiculopathy, carpal tunnel syndrome, anxiety, and depression. The past treatments included bracing, physical therapy, cortisone injections, occupational therapy, and analgesics. An MRI of the lumbar spine, dated 09/25/2013, revealed multilevel degenerative disc disease, grade 1 anterolisthesis of L4 on L5 with mild facet arthropathy, 3mm circumferential disc protrusion at L4-5 with abutment of the bilateral L4 nerve. At L5-S1, there was mild facet arthropathy, two-millimeter left foraminal disc protrusion with abutment of the exiting left L5 nerve root. Surgical history noted unspecified spine surgery in 2003 and 2007, right elbow surgery in 2000, and right wrist carpal tunnel release x2 in 1992. The progress note, dated 07/16/2014, noted the injured worker complained of moderate to severe low back pain with radiation to both lower extremities in the L4 and L5 distributions. The physical exam revealed moderate facet tenderness over L4-S1, positive straight leg raise, 1+ bilateral knee and ankle reflexes, 4/5 muscle strength to the bilateral big toe and knee extensors, and noted decreased sensation in the bilateral L4 and L5 dermatomes. Medications included Tramadol, Gabapentin, Cymbalta, Dilaudid and Lyrica. The treatment plan requested bilateral L4-L5 and left L5-S1 transforaminal epidural steroid injections x 2, and stated the injured worker had radicular symptoms on physical examination with neural foraminal stenosis and nerve root compression on MRI scan, and has failed conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest and home exercise program of more than 6 weeks in the last 12 months. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4 and Left L5-S1 transforaminal epidural steroid injections (ESI) x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION (ESIs) Page(s): 46.

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

Decision rationale: The request for 1 bilateral L4 and left L5-S1 transforaminal epidural steroid injections (ESI) x2 is not medically necessary. The injured worker complained of moderate to severe low back pain with radiation to both lower extremities. The California MTUS guidelines indicate the criteria for epidural steroid injection includes documentation of radiculopathy on physical exam, in the applicable dermatomal distribution with corroborative findings on imaging or electrodiagnostic testing, and a failed response to conservative treatment. Repeat injections should be based on continued objective documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use, for six to eight weeks. The physical exam revealed a positive straight leg raise, 1+ bilateral knee and ankle reflexes, 4/5 muscle strength to the bilateral big toe and knee extensors, and decreased sensation in the bilateral L4 and L5 dermatomes. There were findings indicative of neurologic deficit to bilateral L4 and L5 nerve distributions corroborated with MRI findings of disc herniation with abutment of the bilateral L4 and left L5 nerve root. However, the request for epidural steroid injections x2 would not be indicated as a second injection is only indicated after the effectiveness of the first injection is documented to provide at least 50% pain relief and functional improvement lasting 6-8 weeks. As such, the administration of a series of 2 epidural steroid injections is not supported at this time. Therefore the request is not medically necessary.

1 Urine Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test and Opioids, criteria for use, Page(s): 43, 78.

Decision rationale: The request for urine toxicology screening is not medically necessary. The injured worker was noted to be prescribed Dilaudid for her pain, with diagnoses of anxiety and depression. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and as a screening for risk of misuse and addiction. Frequent, random, urine toxicology screens are recommended to avoid misuse or abuse of opioids. Given the use of opioids for her pain, a urine toxicology screening would be indicated to assess the injured worker's compliance with the prescribed medication regimen, and the misuse or abuse of opioids. However, there is no indication of an assessment of the injured

worker's risk level for aberrant drug taking behavior or misuse, and there is no indication of when the injured worker last received a urine toxicology screening to determine medical necessity. Consequently, a urine toxicology screening cannot be supported at this time. Therefore, the request is not medically necessary.

30 Day trial Interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 118-120.

Decision rationale: The request for 30 day trial interferential unit is not medically necessary. The injured worker had moderate to severe low back pain with radiation to both lower extremities. The California MTUS guidelines do not recommend interferential stimulation as an isolated intervention, however, may be used in conjunction with evidence based treatment when pain is ineffectively controlled due to diminished effectiveness of medications, side effects of medications, or history of substance abuse, or for significant pain from postoperative conditions with limited ability to perform exercise programs/physical therapy treatment, and unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is a lack of evidence of ineffective pain control, as the pain was not measured with or without medications. There is no evidence of side effects with medications, or substance abuse. There is no documentation of significant pain related to a post-operative condition which limits her ability to perform exercise. There is a lack of documentation of failure of conservative measures. The requesting physician's rationale for the request is not indicated within the provided documentation. Given the previous, the use of an interferential device is not supported at this time. Therefore, the request is not medically necessary.