

<b>Case Number:</b>	CM14-0178439		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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:

The patient is a 51-year-old male who has submitted a claim for lumbar disks herniation; rule out progressive herniation associated with an industrial injury date of 9/18/2013. Medical records from 2014 were reviewed. The patient complained of back pain rated 8/10 in severity, and relieved to 5/10 upon intake of medications. It was associated with left lower extremity numbness and tingling sensation. Physical examination showed decreased reflexes on the left ankle, decreased sensation on the left S1 dermatome, and decreased strength rated 4/5 on the left S1 myotome. Straight-leg raise test was negative bilaterally. The patient was unable to perform a toe walk on the left. Lumbar spine examination showed tenderness, muscle spasm, and restricted motion. MRI of the lumbar spine from 12/9/2013 revealed herniated nucleus pulposus at L5-S1 with discogenic changes. MRI of the lumbar spine from 10/18/2014 showed multi-level early degenerative disks disease without focal protrusion or neural impingement. Urine drug screen from 9/10/2014 showed negative level for any medications. Treatment to date has included physical therapy and medications such as Cyclobenzaprine, Naproxen, Nortriptyline, Gabapentin, Celebrex, Ultram, and Lidoderm patch. Utilization review from 10/05/2014 denied the request for lumbar epidural steroid injection because of pending MRI results; modified the request for physical therapy two times per week for four weeks into 2 sessions because of no clear documentation concerning previous sessions, hence, 2 sessions may be certified to retrain a home exercise program; and denied comprehensive urine drug screen because of no description concerning degree of risk of addiction / aberrant drug behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar Epidural Steroid Injection (LESI): Upheld**

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

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

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of back pain rated 8/10 in severity, and relieved to 5/10 upon intake of medications. It was associated with left lower extremity numbness and tingling sensation. Physical examination showed decreased reflexes on the left ankle, decreased sensation on the left S1 dermatome, and decreased strength rated 4/5 on the left S1 myotome. Straight-leg raise test was negative bilaterally. The patient was unable to perform a toe walk on the left. Lumbar spine examination showed tenderness, muscle spasm, and restricted motion. MRI of the lumbar spine from 12/9/2013 revealed herniated nucleus pulposus at L5-S1 with discogenic changes. MRI of the lumbar spine from 10/18/2014 showed multi-level early degenerative disks disease without focal protrusion or neural impingement. Clinical manifestations were consistent with a focal neurologic deficit. However, the most recent MRI findings failed to document nerve root impingement. Guideline criteria for epidural steroid injection are not met. Moreover, the present request as submitted failed to specify intended level for injection. Therefore, the request for lumbar epidural steroid injection is not medically necessary.

## **Physical Therapy two (2) times per week for four (4) weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient completed a course of physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. It is unclear why patient is still not versed to home exercise program to address residual deficits. Moreover, there were no recent reports of acute exacerbation or progression of

symptoms that would warrant additional course of treatment. Therefore, the request for physical therapy two times per week for four weeks is not medically necessary.

**Comprehensive urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines states that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include Cyclobenzaprine, Naproxen, Nortriptyline, Gabapentin, Celebrex, Ultram, and Lidoderm patch. Urine drug screen from 9/10/2014 showed negative level for any medications. However, there has been no management response concerning this issue. There was no assessment concerning possible drug non-compliance or aberrant drug behavior. The medical necessity cannot be established due to insufficient information. Therefore, the request for comprehensive urine drug screen is not medically necessary.