

Case Number:	CM14-0020552		
Date Assigned:	04/30/2014	Date of Injury:	06/30/2009
Decision Date:	07/31/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 59-year-old female who has submitted a claim for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left sacroiliac joint arthropathy, and left knee osteoarthritis; associated with an industrial injury date of 06/30/2009. Medical records from 2013 to 2014 were reviewed and showed that patient complained of back pain, graded 7/10, radiating down the left buttock and knee. Pain is aggravated by prolonged sitting. Physical examination showed that patient had an antalgic gait, and heel-toe walk was exacerbated to the left. Tenderness was noted over the lumbar paravertebral muscles, L5-S1 facets, left hip bursa, and left knee. Range of motion of the lumbar spine was limited. Sacroiliac and straight leg raise tests were positive on the left. Kemp's test was positive on the right. Patellar compression test was positive on the left. Left patellar reflex was reduced. Motor testing showed weakness of the left big toe extensors and knee extensors. Sensation was decreased over the L3-L4 dermatomes. MRI of the lumbar spine showed multilevel degenerative disc disease, neuroforaminal stenosis at the left L3-L4 and L4-L5, and moderate facet arthropathy from L3-S1. The official report of the imaging study was not provided. Treatment to date has included medications and epidural steroid injection. Utilization review, dated 02/11/2014, modified the request for epidural steroid injection (ESI) because only one ESI is appropriate as guidelines recommend repeat blocks pending response to the initial injection; and denied the request for urine drug screen because there was no evidence of current opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-L4 AND L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR USE OF EPIDURAL 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 CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite conservative treatment. Physical exam showed weakness on the L4 and L5 myotomes; and hypoesthesia on the L3-L4 dermatomes. Straight leg raise test was positive on the left. MRI of the lumbar spine cited in a utilization review, dated 02/11/2014, showed neuroforaminal stenosis at the left L3-L4 and L4-L5. However, the official report of the imaging study was not provided, and pertinent information including the degree of neuroforaminal stenosis was not provided. Patient underwent ESI previously; however, repeat ESIs are contingent on objective evidence of improvement from initial ESI as stated above. The criteria for ESI have not been met. Therefore, the request for left L3-L4 and L4-L5 transforaminal epidural steroid injections x 2 is not medically necessary.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Drug testing, Opioids Page(s): 43, 89, 94.

Decision rationale: As stated on pages 43, 89, and 94 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening (UDS) is recommended to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, as part of a pain treatment agreement, and as random UDS to avoid opioid misuse/addiction. In this case, the patient complains of back pain with radicular symptoms. However, the medical records submitted for review showed no documentation of current treatment with opioids. Furthermore, there was no discussion of an intended therapeutic trial of opioid therapy. There is no indication for a urine drug screen in this case. Therefore, the request for urine drug screen is not medically necessary.

