

Case Number:	CM14-0026552		
Date Assigned:	06/13/2014	Date of Injury:	03/14/2012
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 51-year-old male who sustained an injury to his back on 03/14/12 when he tripped on new carpet and fell forward, landing onto his right shoulder, elbow, hip and knee. The injured worker reported an immediate onset of pain in the mid and low back at 8/10 VAS. MRI of the lumbar spine revealed mild lumbar hyperlordosis and scoliosis; 5 mm broad-based disc protrusion of both L4-5 and L5-S1; mild central stenosis at both levels; mild subarticular recess stenosis on the right at L4-5; minimal effacement of the left S1 nerve root at L5-S1. The worker was treated with NSAIDs and muscle relaxers. Physical examination noted positive straight leg raise at 50 degrees; limited range of motion; sensory deficit in the right L4-5 distribution; muscle weakness noted with right big toe extension and knee extension; muscle strength graded at 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION USING FLUOROSCOPY X 2: 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: The request for right L4-L5 and L5-S1 transforaminal epidural steroid injection using fluoroscopy x 2 is not medically necessary. The previous request was partially certified for one injection at the requested levels. The CAMTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% relief with associated reduction of medication use for six to eight weeks. After reviewing the clinical documentation submitted, medical necessity of the request for right L4-L5 and L5-S1 transforaminal epidural steroid injection using fluoroscopy x 2 is not indicated as medically necessary.

RANDOM DRUG SCREENING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The request for random drug screening is not medically necessary. The previous request was denied on the basis that the injured worker was prescribed Tylenol, Codeine and Flexeril to address his low back pain; however, a review of claim indicates that on 02/11/14, the request for Tylenol 3 was non-certified. Therefore, medication monitoring through urine drug screen is no longer required for the this injured worker. After review of the submitted documentation, there was no significant objective clinical information provided that would support reversing the previous adverse determination. Therefore, the request was not deemed as medically necessary.