

Case Number:	CM14-0029817		
Date Assigned:	04/09/2014	Date of Injury:	06/24/2001
Decision Date:	05/27/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	01/27/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 39-year-old male with a date of injury of 06/24/2001; mode of injury was the injured worker was working as a security guard and he tackled a shoplifter to the ground. In the process of struggling with the shoplifter, he injured his lumbar spine. The injured worker has diagnoses of lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome. The injured worker was seen on 03/06/2014 for a follow-up visit for increased pain. For medication management, there are no current opioid-related issues; medication has been effective in reducing pain by 50%. This allows the injured worker to be functional for activities of daily living. Urine toxicology had been appropriate. The injured worker's current medication is Oxycodone 15 mg 1 tablet every 6 hours as needed for pain, Robaxin 750 mg 1 tablet every 12 hours, Amitriptyline 50 mg 1 tablet at bedtime, compounded transdermal analgesic creams, and magnesium supplementation; no frequency noted. The injured worker was positive for Kemp's, Patrick's, jump, and Minor sign. The patient did have facet joint medial branch block at L4-5 and L5-S1 on 08/21/2013 without relief of the lumbar spine pain. It also noted moderate to severe bilateral lower extremities pain. MRI (date not provided) in which the physician noted was unremarkable and a diagnostic discogram performed by [REDACTED] was negative. Bilateral L3-4 and L4-5 are mildly tender and L5-S1 facet joints are very tender; and bilateral sacroiliac joints are also tender. Lumbar ranges of motion are all noted to be within normal limits. Neurological evaluation indicated subjective pain throughout the entire bilateral lower extremities and sensation is intact throughout the bilateral lower extremities. The requests was for a urinalysis which was requested on 02/05/2014, rationale was not provided; epidural steroid injection was 02/05/2014, rationale was not provided; and The lumbar facet joint injection at L4-5 and L5-S1 was not dated and no rational was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINALYSIS AND CURES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction; Cautionary Red Flags for.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioid; Ongong Management Page(s): 43, 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. California MTUS also notes under opioids, ongoing management indicates the use of urine drug screen and is for patients with documented issue of abuse, addiction, or poor pain control. According to the documentation provided for review, the physician did state there were no current opioid-related issues; medications are effective in reducing the injured worker's pain by 50% when he uses them as directed. Urine toxicology has been appropriate. There is a current updated opioid contract with this injured worker. Based on this information provided for review, the injured worker is taking medication appropriately and toxicology has been appropriate. Therefore, the request for 1 urinalysis and cures are not medically necessary and appropriate.

1 INTERVERTEBRAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: The California MTUS also does note for epidural steroid injections, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current guidelines recommend no more than 2 epidural steroid injections. Criteria for use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment. On neurological exam, it did show pain throughout the entire bilateral lower extremities; and sensation was intact to light touch throughout the bilateral lower extremities. There was a lack of significant neurological deficits to support an epidural steroid injection. Also, there was a lack of imaging studies and/or electrodiagnostic studies to corroborate radiculopathy. Additionally, the request as submitted also failed to provide the location/level of the epidural steroid injection to determine necessity. The request for 1 intervertebral epidural steroid injection is not medically necessary and appropriate.

1 LUMBAR FACET JOINT INJECTION AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-3010.

Decision rationale: The California MTUS/ACOEM guidelines do not recommend lumbar facet injections as a therapeutic intervention. The medical records provided for review indicate that the lumbar facet injection at L4-5 and L5-S1 was completed back in 09/2012. The MTUS/ACOEM guidelines do not recommend more than 1 diagnostic injection to determine appropriateness of facet neurotomy. The documentation provided does not state if for therapeutic or diagnostic purposes. The request for 1 lumbar facet joint injection at L4-L5 and L5-S1 is not medically necessary and appropriate.