

Case Number:	CM14-0033810		
Date Assigned:	06/23/2014	Date of Injury:	05/10/2009
Decision Date:	08/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 injured worker is a 56 year-old female, who sustained an injury on May 10, 2009. The mechanism of injury occurred from a trip and fall. Diagnostics have included: Lumbar spine CT scan dated August 30, 2012 was reported as showing L1 compression fracture and foraminotomy and pedicle screws at L4-5, bilateral L3-S1 facet arthropathy, bilateral L3-4 neuroforaminal compression, L2-4 mild central canal stenosis; DEXA Scan dated January 8, 2013 was reported as showing mild to moderate left femoral neck osteopenia with milder lumbar spine osteopenia. Treatments have included: medications, aquatic therapy, physical therapy, April 12, 2012 lumbar discectomy fusion with instrumentation, lumbar transforaminal epidural steroid injection on June 11, 2010 and June 2011. The current diagnoses are: lumbar degenerative disc disease with radiculitis, low back pain, s/p April 12, 2012 lumbar discectomy fusion with instrumentation, lumbar compression fractures. The stated purpose of the request for Diazepam 10 mg was not noted. The request for Diazepam 10 mg was denied on March 13, 2014, citing a lack of documentation of the duration of treatment. The stated purpose of the request for Urine Drug Screen was to assess the presence of illegal drugs. The request for Urine Drug Screen was denied on March 13, 2014, citing a lack of documentation of increased risk of abuse or diversion, whether the test would follow chain of custody format, whether this was a point of collection screen, or potential MRI review. The stated purpose of the request for Transforaminal epidural Steroid Injection right L3 was to provide pain relief. The request for Transforaminal epidural Steroid Injection right L3, was denied on March 13, 2014, citing a lack of documentation of functional improvement for at least six to eight weeks follow the prior lumbar epidural injection. The stated purpose of the request for Transforaminal Epidural Steroid injection right L4 was to provide pain relief. The request for Transforaminal Epidural Steroid injection right L4 was denied on March 13, 2014, citing a lack of documentation of functional improvement for at least

six to eight weeks follow the prior lumbar epidural injection. Per the report dated March 5, 2014, the treating provider noted complaints of persistent left lower extremity pain with numbness and tingling, and is s/p lumbar transforaminal epidural steroid injection on June 11, 2010 which gave her 70% relief for 2-3 months, and then a repeat epidural injection in June 2011 with 50% relief for 2-3 months, and now complains of right leg pain. Exam showed non-antalgic gait; restricted lumbar range of motion with muscle guarding; full and equal muscle strength, sensation and reflexes to the lower extremities bilaterally; positive left-sided straight leg raising test at 30 degrees. Per a QME report dated May 9, 2013, the future medical recommendations were for medications, physical therapy, gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg: 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 CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines Page(s): 24.

Decision rationale: The requested Diazepam 10 mg:, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has left lower extremity pain with numbness and tingling. The treating provider has documented restricted lumbar range of motion, positive left-sided straight leg raising test, but normal neurologic exam of reflexes, dermatomal sensation and muscle strength. The treating provider has not documented the medical indication for continued use of this benzodiazepine medication, the duration of treatment, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Diazepam 10 mg: is not medically necessary.

Urine Drug Screen: 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 CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing" Page(s): 43.

Decision rationale: The requested Urine Drug Screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. The

injured worker has left lower extremity pain with numbness and tingling. The treating provider has documented restricted lumbar range of motion, positive left-sided straight leg raising test, but normal neurologic exam of reflexes, dermatomal sensation and muscle strength. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The criteria noted above not having been met, Urine Drug Screen is not medically necessary.

Transforaminal epidural Steroid Injection right L3: 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 California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Transforaminal epidural Steroid Injection right L3, is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has left lower extremity pain with numbness and tingling. The treating provider has documented restricted lumbar range of motion, positive left-sided straight leg raising test, but normal neurologic exam of reflexes, dermatomal sensation and muscle strength. The treating provider has not documented a positive right-sided straight leg raising test. There are no positive neurologic exam findings such as deficits in dermatomal sensaiton, reflexes or muscle strength. The August 30, 2012 lumbar spine CT scan does not show evidence of neuroforaminal stenosis or nerve root impingement at the requested levels. The criteria noted above not having been met, Transforaminal epidural Steroid Injection right L3, is not medically necessary.

Transforaminal Epidural Steroid injection right L4: 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 California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Transforaminal Epidural Steroid injection right L4, is not medically necessary. California s Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent

radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has left lower extremity pain with numbness and tingling. The treating provider has documented restricted lumbar range of motion, positive left-sided straight leg raising test, but normal neurologic exam of reflexes, dermatomal sensation and muscle strength. The treating provider has not documented a positive right-sided straight leg raising test. There are no positive neurologic exam findings such as deficits in dermatomal sensation, reflexes or muscle strength. The August 30, 2012 lumbar spine CT scan does not show evidence of neuroforaminal stenosis or nerve root impingement at the requested levels. The criteria noted above not having been met, Transforaminal Epidural Steroid injection right L4, is not medically necessary.