

<b>Case Number:</b>	CM14-0034085		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/30/1993
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Neurological Surgery 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 77-year-old male who was reportedly injured on November 30, 1993. The mechanism of injury was noted as a slip and fall event. The most recent progress note dated February 4, 2014, indicated there were ongoing complaints of neck pain, bilateral shoulder pain and low back pain with radiation into the bilateral lower extremities. The physical examination demonstrated tenderness to palpation, decreased range of motion of both the cervical and lumbar spine and positive straight leg raising. Diagnostic imaging studies reportedly objectified degenerative changes in the lumbar spine. Previous treatment included multiple medications, physical therapy and other conservative interventions. A request was made for a lumbar epidural steroid injection and was not certified in the pre-authorization process on February 25, 2014. A urine drug screen was completed in February and was positive for Oxycodone, Oxymorphone and Noroxicodone. The progress notes also indicate that the injured employee continues to work his regular job without.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection under fluoroscopy at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 46 Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 46 Page(s): 46 of 127.

**Decision rationale:** The standards for an epidural steroid injection require objective occasion of a verifiable radiculopathy on electrodiagnostic testing. No such letter of diagnostic testing was presented for review. As such, the criterion outlined in the California Medical Treatment Utilization Schedule Guidelines (CAMTUS) for such a procedure is not met. Accordingly, this is not medically necessary.

**Retrospective Urine Toxicology Screening Date of Service (DOS) 2/6/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 78 Page(s): 78.

**Decision rationale:** The progress notes do not offer any indication of an illicit drug use or inappropriate drug use. The last urine drug screen noted findings consistent with the prescriptions rendered. Given that there were no findings on physical examination or in previous testing to raise any "red flags," there was no clear clinical indication presented for a routine repeat urine drug screen. Accordingly, this is not medically necessary.