

Case Number:	CM14-0037626		
Date Assigned:	06/25/2014	Date of Injury:	09/30/1987
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/28/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 male who was injured on April 19, 1987. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of neck and low back pain that radiates to the left leg. Current medications include ibuprofen, Nucynta, Percocet, and Skelaxin. The physical examination demonstrated tenderness over the L4-L5 and L5-S1 region and a positive straight leg raise test. There was a normal lower extremity neurological examination. Left-sided L5 and S1 transforaminal epidural steroid injections were recommended and existing medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance:
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 Page(s): 46.

Decision rationale: According to the most recent progress note dated February 20, 2014, although the injured employee has complaints of left lower extremity radicular symptoms, there was a normal neurological examination and there is no mention of any corroborating objective diagnostic studies. According to the Chronic Pain Medical Treatment Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore this request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure - Summary Pain - Urine Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine drug screening is only indicated if there is suspicion for abuse, addiction, or aberrant behavior. As none of these are mentioned in the attached medical record, this request for a urine drug screen is not medically necessary.