

Case Number:	CM14-0044706		
Date Assigned:	07/02/2014	Date of Injury:	08/15/2005
Decision Date:	12/17/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/11/2014

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 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:

This is a 62-year-old male with an 8/15/05 date of injury. According to a progress report dated 4/23/14, the patient presented with continued low back pain that radiated to the right lower extremity with associated numbness and weakness. He has been taking Norco TID whereas before he was able to take Norco QD or BID after the lumbar epidural steroid injections. He rated his pain as a 7/10. The patient had a one level, caudal ESP performed on 8/13/13. Objective findings: restricted lumbar range of motion, tenderness to palpation of the lumbar facet joints L4-5 and L5-S1 bilaterally, pain in the lumbar paraspinous region with flexion, extension, and lateral flexion. An MRI of the lumbar spine dated 11/4/11 revealed enhancement in the posterior interspinous ligaments behind the L2/L3 suggesting synovitis or changes of ligamentous sprain and/or surgery. Diagnostic impression: lumbar disc degeneration, lumbosacral spondylosis without myelopathy. Treatment to date: medication management, activity modification, epidural steroid injection (ESI), multiple surgeries. A UR decision dated 4/9/14 denied the requests for lumbar ESI and random quarterly urine toxicology screening. Only up to 2 tests per year is required for patients at low risk of addiction, and this request is for up to 4 tests per year. This exceeds Official Disability Guidelines (ODG). Regarding lumbar ESI, the lumbar MRI does not reveal nerve root compression, and there is not any electrodiagnostic study revealing lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar caudal epidural steroid injection with fluoroscopy and conscious sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the reports reviewed, it is noted that the patient has had previous epidural steroid injections; however, there is no documentation of significant pain relief or functional improvement from prior injections. In addition, there were no objective findings of radiculopathy documented by physical examination. Furthermore, the level(s) for injection were not noted in this request. Therefore, the request for lumbar caudal epidural steroid injection with fluoroscopy and conscious sedation was not medically necessary.

Random quarterly urine toxicology screening up to four screenings per calendar year:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for Use of Urine Drug Testing, <http://www.odg-twc.com>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine Testing in Ongoing Opiate Management Page(s): 43; 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, this patient is taking Norco, and guidelines support routine urine drug testing to monitor for medication compliance. However, this is a request for up to 4 screenings per year, without a total number of requested tests specified. Guidelines require routine evaluation of urine drug screen results between the patient and the provider to assess for proper medication use. Therefore, the request for random quarterly urine toxicology screening up to four screenings per calendar year was not medically necessary.