

Case Number:	CM14-0045581		
Date Assigned:	06/27/2014	Date of Injury:	12/20/2001
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 57-year-old male was reportedly injured on 12/20/2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 3/24/2014 indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar pain, positive tenderness and spasm over the lumbar spine and decreased range of motion. Deep tendon reflexes and motor exam were within normal limits with decreased sensation over the L5-S1 distribution. Straight leg raise caused back pain. No recent diagnostic studies were available for review. Previous treatment included surgery, physical therapy, injections and medications. A request was made for caudal epidural steroid injection of the lumbar spine and a urine drug screen which were not certified in the pre-authorization process on 3/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection (ESI) to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46.

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

Decision rationale: The MTUS allows for epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was clinical evidence that the injured worker did have radiculopathy. It was also noted the claimant has had previous injections in the past, which have helped. However, there was no documentation as to the date and level of the previous injection, as well as the response of the injection, and the functional improvements. As such, lacking the appropriate documentation, the requested procedure is deemed not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 of 127.

Decision rationale: MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of previous test dates, high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.