

Case Number:	CM14-0047809		
Date Assigned:	10/15/2014	Date of Injury:	08/19/1996
Decision Date:	11/24/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/16/2014

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 Pain Management 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 74 year old male with a date of injury on 8/19/1996. As per 4/2/14 report, he presented with neck pain radiated down right upper extremity, low back pain radiated down the bilateral lower extremities and aggravated by activity, upper extremity pain bilaterally in the shoulders, and lower extremity pain bilaterally in the hips. Pain was rated as 4/10 with medications and 6/10 without. Exam revealed spasm in the bilateral paraspinal musculature, tenderness upon palpation bilaterally in the paravertebral area L4-S1, moderately limited range of motion of the lumbar spine secondary to pain, decreased sensitivity, decreased strength of the extensor muscles and flexor muscles along the L4-S1 dermatome in bilateral lower extremities. Seated straight-leg raise test was positive bilaterally at 50 degrees. A lumbar spine magnetic resonance imaging scan dated 2/23/06 revealed mild spinal stenosis at L3-4 due to 2-3 mm broad-based disc bulge and moderate hypertrophy of facet joint and ligamentum flavum, slight bilateral foraminal narrowing, 2-3 mm broad-based disc bulge at L4-5 with mild hypertrophy of facet joint and ligamentum flavum, 2-3 mm broad-based disc bulge and mild hypertrophy of facet joint at L5-S1, and open reduction and internal fixating the L5-S1 vertebral body in anatomic alignment. He is currently on Norco, Ambien, gabapentin, hydrocodone/acetaminophen, Tizanidine, Glipizide, Janumet, lipoflavonoid, lisinopril, Niacin, Pravastatin and Zolpidem. He reported good relief (50-80% overall improvement) on last epidural dated 11/26/13. It gave him 2 months of relief. He has had considerable persistent pain with negative impact on function and has failed more conservative treatment and is in the therapeutic phase of receiving epidural steroid injections. He is attempting to avoid surgery. A urine drug screen was authorized and a Controlled Substance Utilization Review and Evaluation System report obtained on 4/2/14 revealed no inconsistencies. The injured worker has developed opiate tolerance due to long-term opiate use. Diagnoses include chronic pain other, lumbar

radiculopathy, status post fusion; lumbar spine, right hip pain, and right shoulder pain. The request for Bilateral L4-5 Transforaminal Epidural Steroid Injection was denied and Urine Drug Screen was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: As per Chronic Pain Medical Treatment Guidelines, the purpose of epidural steroid injection is to reduce pain and inflammation, restore range of motion and thereby facilitating progress in more active treatment programs, and avoid surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. As per Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria by the guidelines for the use of epidural steroid injections for radicular pain management require that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the worker is initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants). In this case, there is no clear clinical evidence of radicular pain in the requested levels; bilateral L4-5 (consistent with bilateral L4 nerve roots). There is no imaging or electrodiagnostic evidence of nerve root impingement. There is no documentation of trial and failure of conservative management such as physical therapy of a reasonable period of time. Therefore, the request is considered not medically necessary per guidelines and based on the submitted clinical information.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, specific drug list Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing (UDT)

Decision rationale: As per Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, urine drug screening is recommended to assess for the use or the presence of illegal

drugs and to monitor compliance with prescribed substances. As per the Official Disability Guidelines, workers at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the dates of previous urine drug screen tests are unknown and there is no evidence of non-compliance or any addiction / aberrant behavior to necessitate urine drug test more than the guidelines recommendation. Therefore, the request for urine drug screen is not medically necessary in accordance to guidelines and based on the submitted clinical information.