

Case Number:	CM14-0061295		
Date Assigned:	07/09/2014	Date of Injury:	02/18/2013
Decision Date:	09/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty 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 28 year old male who sustained injuries to his low back on 02/18/13 while moving a bathtub. The injured worker had chronic complaints of low back pain radiating into the left lower extremity graded as 9/10 without medications and 7/10 with medications. The record reflected that the injured worker was treated with corticosteroids, physical therapy, and oral medications. He was noted to have undergone trigger point injections and received intramuscular corticosteroids. An agreed medical evaluator (AME) dated 04/08/14 noted the injured worker had positive straight leg raise and decreased strength in the left extensor hallucis longus EHL. The AME recommended lumbar epidural steroid injections. Per physical examination dated 04/03/14 the injured worker had chronic complaints of low back pain radiating to the left leg with numbness, tenderness to palpation throughout the lumbosacral spine, decreased range of motion with paraspinal spasm, and decreased sensation on the left in L5 to S1 distribution. The record contained a utilization review determination dated 04/07/14 which denied the request for epidural steroid injections for the lumbar spine times two and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injections Lumbar Spine times 2: 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: The request for Epidural Steroid Injections of the lumbar spine times two is not supported as medically necessary. The submitted clinical records indicate that the injured worker has low back pain radiating to the left lower extremity. He has findings suggestive of left lower extremity lumbar radiculopathy by both examination and findings documented on magnetic resonance imaging (MRI). The physical examination findings are correlated with an agreed medical evaluator (AME) dated 04/08/14 in which there was evidence of left extensor hallucis longus (EHL) weakness and sensory changes on physical examination. However, the request for two injections would not be supported as medically necessary a partial approval of one lumbar epidural steroid injection would be appropriate therefore 2 are not medically necessary.

Urine Drug Screen: Overturned

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): 74-80.

Decision rationale: The request for urine drug screen is recommended as medically necessary. The injured worker is being maintained on opiate medications. As such, periodic urine drug screening to assess compliance is required. Further, this is now considered a chronic condition and therefore to meet California Medical Treatment Utilization Schedule (MTUS) treatment recommendations periodic urine drug screening must be performed for those injured workers who require chronic opiate use therefore the Urine Drug Screen is medically necessary.