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| Case Number: | CM14-0064618 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 08/27/2009 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/07/2014 |

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 & Rehabilitation and is licensed to practice in Illinois. 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 33-year-old female who reported an injury on 08/27/2009. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial pain, neuropathic pain. The previous treatments included medication, TENS unit, ice therapy, chiropractic sessions. Within the clinical note dated 04/18/2014, it was reported the injured worker complained of low back pain referring into her left buttock and thigh. She rated her pain 6.5/10 in severity with medication and 7.5/10 in severity without medication. Upon the physical examination, the provider noted the injured worker had an MRI of the lumbar spine on 03/27/2014. The provider indicated the injured worker underwent a previous epidural steroid injection with 50% relief for greater than 8 weeks, which was performed 09/27/2013. The provider requested for a urine drug screen, a lumbar epidural steroid injection for inflammatory radicular pain, preoperative clearance, and postoperative re-evaluation visit. The Request for Authorization was provided and dated 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

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

Decision rationale: The request for a urine drug screen is non-certified. The California MTUS Guidelines recommend a urine drug screen test as an option to assess for the use or presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a second screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there was significant documentation of aberrant drug seeking behaviors therefore, the request is not medically necessary.

Lumbar Epidural Steroid Injection caudal approach using Epidurography Qty: 1.00:
Upheld

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

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

Decision rationale: The request for Lumbar Epidural Steroid Injection caudal approach using Epidurography Qty: 1.00 is non-certified. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The guideline recommends if an epidural steroid injection is used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least two weeks. The guidelines recommend no more than 2 diagnostic epidural blocks. There is lack of documentation indicating the injured worker had tried and been unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. There is lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. In addition, there is lack of imaging studies to corroborate the findings of radiculopathy. The request submitted failed to provide the level of the injection therefore, the request is not medically necessary.

Pre-operative clearance exam: 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),

Treatment in Workers Comp; ODG treatment; Integrated Treatment/Disability Duration Guidelines, Low Back Chapter "Preoperative testing".

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for Pre-operative clearance exam is not medically necessary. As the injured worker epidural steroid injection has not been authorized, the current request for preoperative clearance exam is not medically necessary.

Post operative reevaluation visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition, 2004, Chapter 6, page 112.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The request for Post-operative reevaluation visit is non-certified. As the injured worker's epidural steroid injection has not been authorized, the current request for postoperative re-evaluation visit is not medically necessary.