

Case Number:	CM14-0069235		
Date Assigned:	07/14/2014	Date of Injury:	08/08/2013
Decision Date:	10/07/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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:

According to the records made available for review, this is a 31-year-old male with an 8/8/13 date of injury. At the time (3/20/14) of request for authorization, the request is for one time saliva DNA testing and therapeutic lumbar epidural steroid injection (caudal approach). There is documentation of subjective lower back pain radiating to the right buttock, hip, back of the right thigh, and into the ankle and objective antalgic gait, decreased lumbar range of motion, point tenderness over the L5 spinous process with trigger points over the L5 and S1 paraspinal musculature. There is positive straight leg raise on the right, positive right Patrick's test, and decreased strength of the right calf. Imaging findings reported on the MRI of the lumbar spine (10/22/13) revealed posterior disc bulge at L4-5 and disc protrusion at L5-S1 with moderate stenosis and impingement of the right S1 and L5 nerve roots (the report was not available for review). Current diagnoses are lumbar radiculitis, right sciatica, herniated lumbar disc, myofascial syndrome, and pain-related insomnia. Treatment to date includes medications including Ibuprofen), physical modalities, and activity modification. Medical report identifies a request for saliva DNA testing to assess the patient's predisposition to prescription narcotic addiction/dependence. Regarding therapeutic lumbar epidural steroid injection (caudal approach), there is no documentation of the specific level(s) to be addressed and an imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Time Saliva DNA Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Genetic testing for potential opioid abuse

Decision rationale: The MTUS does not address this issue. ODG identifies that genetic testing for potential opioid abuse is not recommended and that current research is experimental in terms of testing for this. Therefore, based on guidelines and a review of the evidence, the request for one time saliva DNA testing is not medically necessary.

Therapeutic lumbar epidural steroid injection (caudal approach): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: The MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculitis, right sciatica, herniated lumbar disc, myofascial syndrome, and pain-related insomnia. In addition, there is documentation of subjective findings (lower back pain radiating to the right buttock, hip, back of the right thigh, and into the ankle), objective findings (antalgic gait, decreased lumbar range of motion, point tenderness over the L5 spinous process with trigger points over the L5 and S1 paraspinal musculature, positive straight leg raise on the right, positive right Patrick's test, and decreased strength of the right calf), and failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of the specific level(s) to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in what would be the specific level(s) to be addressed, and no more than two nerve root levels injected one session. In addition, despite documentation of 1/18/14 medical report's reported imaging findings

(MRI of the lumbar spine identifying posterior disc bulge at L4-5 and disc protrusion at L5-S1 with moderate stenosis and impingement of the right S1 and L5 nerve roots), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for Therapeutic lumbar epidural steroid injection (caudal approach) is not medically necessary.