

<b>Case Number:</b>	CM14-0075008		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/08/1997
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 67-year-old female with an injury date on 08/08/1997. Based on the 01/24/2014 progress report provided by [REDACTED] the diagnoses are myofascial spasm, failed neck surgery syndrome with neck pain, failed back surgery syndrome with bilateral grand hip area pain, short acting and long acting opiates; high functioning, working full time, and repeat urine drug screen. According to this report, the patient complains of groin pain and hip area pain that are significant increased. Tenderness to palpation was noted bilaterally in the hip and gluteal area. The patient had a previous epidural steroid injection with greater than 5months lasting and greater than 60% improvement in her pain and function with this injection. Magnetic resonance imaging (MRI) of the lumbar spine on 03/27/2014 reveals L2-3: Mild to moderate diffuse disc bulge, moderate facet arthropathy, ligamentum flavum thickening contribute to moderate central canal stenosis with thecal sac compression, and moderate left and mild right neural foraminal narrowing. L3-4: Mild diffuse disc bulge, moderate to severe facet arthropathy, ligamentum flavum thickening contribute to moderate central canal stenosis with thecal sac compression, and mild to moderate right and mild left neural foraminal narrowing. There were no other significant findings noted on this report. [REDACTED] is requesting transforaminal lumbar epidural injection L3-4, transforaminal lumbar epidural injection L2-L3 and Urine drug screen. The utilization review denied the request on 05/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/03/2013 to 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal lumbar epidural injection L3-4, quantity one: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd edition (2011) page 591, Vol 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46, 47.

**Decision rationale:** According to the 01/24/2014, report by [REDACTED] this patient presents with groin pain and hip area pain that are significant increased. The treater is requesting transforaminal lumbar epidural injection L3-L4. The UR denial letter states, "The available clinical information does not document corroboration of radiculopathy by imaging studies and or electrodiagnostic testing." Regarding epidural injection, MTUS Guidelines page 46 and 47, [epidural steroid injection (ESI)] recommended as an option for treatment for radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. On the 01/24/2014 report, the patient mentioned she has more than 60% improvement that last over 5 month. There was no discussion regarding pain reduction, functional improvement or medication use reduction since the previous ESI. The date of the previous ESI was unclear. In addition, radicular pain in a specific dermatomal distribution is not described and there were no physical examination finding, even though the MRI report shows evidence of multi-level stenosis. The request for a transforaminal lumbar epidural injection L3-L4 is not in accordance with the guidelines. Recommendation is not medically necessary.

**Interlaminar lumbar epidural injection L2-3, quantity one: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, 3rd edition (2011) page 591, vol. 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46, 47.

**Decision rationale:** According to the 01/24/2014, report by [REDACTED] this patient presents with groin pain and hip area pain that are significant increased. The treater is requesting transforaminal lumbar epidural injection L2-L3. The UR denial letter states, "The available clinical information does not document corroboration of radiculopathy by imaging studies and or electrodiagnostic testing." Regarding epidural injection, MTUS Guidelines page 46 and 47, [ESI] Recommended as an option for treatment for radicular pain. For repeat injections during therapeutic phase, continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year. On the 01/24/2014 report, the patient mentioned she has more than 60% improvement that last over 5 month. There was no discussion

regarding pain reduction, functional improvement or medication use reduction since the previous ESI. The date of the previous ESI was unclear. In addition, radicular pain in a specific dermatomal distribution is not described and there were no physical examination findings, even though the MRI report shows evidence of multi-level stenosis. The request for a transforaminal lumbar epidural injection L2-L3 is not in accordance with the guidelines. Recommendation is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, step to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web, 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

**Decision rationale:** This patient presents with groin pain and hip area pain that are significant increases. The provider is requesting a urine drug screen. While MTUS Guidelines do not specifically address how frequent urine drug screens (UDS) should be obtained for various risks of opiate users the Official Disability Guidelines (ODG) provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, medical records indicate the patient has an UDS on 10/31/2014 and 04/21/2014. Utilization review dated 05/16/2014 denied the request stating the information does not support the medical necessity. In this case, the most recent USD was on 04/21/2014, requesting another USD within a month is not in accordance with the guidelines. Recommendation is not medically necessary.