

<b>Case Number:</b>	CM14-0091468		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy and chiropractic manipulative therapy; lumbar MRI imaging of January 16, 2014, notable for a moderate right lateral disk protrusion at L5-S1 with associated neuroforaminal narrowing and mild right L4-L5 neuroforaminal narrowing; and extensive periods of time off of work. In a Utilization Review Report dated June 10, 2014, the claims administrator approved one of two proposed L4-L5 and L5-S1 epidural steroid injections, denied a 30-day interferential stimulator trial, and denied a urine drug test. The applicant's attorney subsequently appealed. In a progress note dated January 28, 2014, handwritten, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain radiating into right leg. The applicant was not working, it was acknowledged. The applicant was receiving acupuncture. The applicant was placed off of work, on total temporary disability, while lumbar MRI imaging was sought. On March 3, 2014, the applicant reported persistent complaints of low back and knee pain. The note, again, was handwritten and somewhat difficult to follow. A surgical consultation for knee pain and pain management consultation were apparently sought while the applicant was placed off of work, on total temporary disability. Additional acupuncture was also endorsed. On April 18, 2014, Norco, Prilosec, Fexmid, Remeron, a pain management consultation, consideration of epidural steroid injections, and total temporary disability were endorsed. On May 27, 2014, the applicant consulted a pain management physician. Authorization was sought for two separate epidural steroid injections owing to complaints of reportedly severe, 9/10 low back pain. The applicant was using Norco, Flexeril, Prilosec, and Remeron, it was suggested. A 30-day

interferential unit trial was sought. Urine drug testing was also proposed. It was not stated, however, when the applicant was last tested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Out patient Right L4-5 and L5-S1 Transforaminal Epidural Steroid Injection X2:** Upheld

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. The series of two epidural steroid injections being sought, thus, runs counter to MTUS principles and parameters as it does not make any provision for interval reassessment of the applicant to ensure functional improvement with the first block. Therefore, the request is not medically necessary.

**Interferential Unit x 30 Day Trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 120.

**Decision rationale:** While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a 30-day trial of an interferential current stimulator in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom medication side effects limit provision of the same, applicants who have a history of substance abuse would prevent provision of oral analgesics, and/or applicants with significant postoperative pain issues which limits the ability to perform home exercises, in this case, however, no rationale for pursuit of the interferential current stimulator was furnished. It was not stated that the applicant had issues with diminished medication efficacy, medication side effects, substance abuse, postoperative pain control issues, etc. The attending provider did not state that the applicant's ongoing usage of Norco, Flexeril, Remeron, etc., had proven unsatisfactory here. Therefore, the request is not medically necessary.

**Urine Drug Test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not established specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, however, an attending provider should clearly state when an applicant was last tested, attach an applicant's medication list to the request for authorization for testing, and state which drug tests and/or drug panels are being tested. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels were being sought and/or why. Since several ODG criteria were not met, the request is not medically necessary.