

Case Number:	CM14-0096973		
Date Assigned:	07/28/2014	Date of Injury:	10/28/2013
Decision Date:	11/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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:

This case is a 42 year old male with a date of injury on 10/28/2013. A review of the medical records indicate that the patient has been undergoing treatment for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac joint arthropathy. Subjective complaints (5/13/2014) include 4/10 lumbar spine pain with right leg radiculopathy with numbness and tingling, cervical spine pain with radiation to left shoulder. Objective findings (5/13/2014) include antalgic gait, use of cane, tenderness over paravertebral muscular of lumbar, facet tenderness to L4-S1, decreased right hip range of motion, and decreased L2-3, L4-5 right muscle testing. The treating physician states that an MRI performed on 12/2/2013 showed L2-3, L3-4, and L5-S1 disc protrusion causing no significant foraminal narrowing. A urine toxicology screening dated 12/23/2013 was negative for test substances. Treatment has included Norco (since at least 4/2014), Neurontin, s/p right hip internal fixation, physical therapy (unknown number of sessions). A utilization review dated 5/28/2014 non-certified the following: - Right transforaminal epidural steroid injection L5-S1- Random Urine Drug Screening- DME: Interferential Unit Rental (x30 days)- IF Unit: electrodes, power pack, adhesive remover towel mint, TT and SS leadwire.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural Steroid Injections (ESIs), Therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If 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 one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current researches do not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Some subjective radiculopathy does appear to but the treatment notes specify that the narrowing of the foramen was not significant. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do indicate physical therapy was tried, but no physical therapy notes were present to assess the success or failure. As such, the request for Right transforaminal epidural steroid injection L5-S1 is not medically necessary.

Random urine drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43,74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment is issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. The treating physician does not mention specifically what areas of concern he has for the patient that would warrant urine drug testing. Of note, treatment notes dated 5/13/2014 indicate that the patient was not on any medications. As such, the current request for Random Urine Drug Screening is not medically necessary.

Durable medical equipment (DME) interferential unit rental (x30 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrostimulation Treatment. .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous Electrotherapy Page(s): 54,114-116,118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding inferential units, "Not recommended as an isolated intervention" and details the criteria for selection:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." According to recent notes, the patient does not appear to be on any pain medications and reports 4/10 pain scale. It is difficult to determine that the pain is ineffectively controlled. There is no history of substance abuse documented. The medical documents do indicate ongoing physical therapy and/or chiropractic treatment (unknown number of sessions); however, progress notes do not detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for DME interferential unit rental (x30 days) is not medically necessary.

Supplies for IF Unit: electrodes, power pack, adhesive remover towel mint, TT and SS leadwire: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous Electrotherapy Page(s): 54,114-116,118-120.

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