MAXIMUS Federal Services

Case Number:	CM14-0099385		
Date Assigned:	07/28/2014	Date of Injury:	12/06/2012
Decision Date:	09/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesia has a subspecialty in Acupuncture & Pain 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 53 year old female injured worker with date of injury 12/6/12 with related low back pain. Per pain management consultation report dated 6/4/14, the injured worker complained of low back pain with burning, sharp, and shooting pain that radiated into both legs down to the toes with numbness and tingling. The pain was rated 8/10 in intensity. It was noted that the injured worker's last injection was over three years ago. Per physical exam, there was diffuse tenderness in the lumbar paravertebral musculature, moderate facet tenderness from L4-S1, a positive Kemp's test bilaterally, a positive seated leg raise test bilaterally, positive supine leg raise test bilaterally, and a positive Farfan's test bilaterally. Sensation was diminished over the L4-L5 dermatomes bilaterally. Muscle strength was reduced for the L4 and L5 myotomes. MRI of the lumbar spine dated 3/31/14 revealed a 4mm left foraminal disc protrusion at L4-L5 with abutment of the exiting left L4 nerve root. At L5-S1, there was a 3mm circumferential disc protrusion resulting in minimal abutment of the descending S1 nerve roots as well as mild abutment of the exiting right and left L5 nerve roots. Treatment to date has included injections, physical therapy, acupuncture, and medication management. The date of UR decision was 6/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and bilateral L5-S1 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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 research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.The documentation submitted for review supports an epidural injection for the left L4-L5, however, there was insufficient clinical evidence to meet the criteria for bilateral L5-S1 injection. Furthermore, the request is for three injections, and per criteria 5, no more than two root levels should be injected at one session. The request is not medically necessary.

Urine Toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, pain chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Per 6/4/14 report, the injured worker was taking Metamorphine, Motrin, and Aspirin. As there was no previously documented urine toxicology screening, the request is medically necessary to determine medication compliance. It should be noted that the UR physician had certified this request, with modification specifying a 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory testing only performed on inconsistent results. Given the above the request is medically necessary.