

<b>Case Number:</b>	CM14-0198913		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/04/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 59 year old female with an injury date of 10/04/09. Based on the 10/21/14 progress report, the patient complains of neck pain which travels to both shoulders and both arms. She has numbness and tingling on the left hand. The patient also has low back pain which travels to the bilateral legs and into the ankles with cramping, numbness, and tingling. She rates her pain as a 7-8/10 in both her cervical spine and lumbar spine. The patient has a wide-based gait and can heel-toe walk with difficulty. In regards to her cervical spine, she is midline with abnormal lordosis, there is mild tenderness over the cervical paravertebral musculature extending to the trapezius muscles with spasm, positive spurling sign, and a positive axial head compression. For the lumbar spine, there is diffuse tenderness over the lumbar paravertebral musculature and moderate facet tenderness over the L4-S1 levels. Sensation is intact in all dermatomes except at the L5 dermatome, bilaterally. The MRI of the lower back shows at L4-L5 there is a Grade 1 anterolisthesis of L4 on L5, facet arthropathy, narrowing of the neural foramina bilaterally with abutment of the exiting right L4 nerve roots (date of MRI not provided). The patient's diagnoses include the following: 1.Cervical disc disease, 2.Cervical radiculopathy, 3.Lumbar disc disease, 4.Lumbar radiculopathy, 5.Lumbar facet syndrome. The utilization review determination being challenged is dated 11/14/14. There were two treatment reports provided from 08/21/14 and 10/21/14. The 08/21/14 report was hand-written and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilateral transforaminal epidural steroid injection at L4-5: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with pain which travels to both shoulders and both arms, numbness and tingling on the left hand, and low back pain which travels to the bilateral legs and into the ankles. The request is for BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4-5 to reduce pain and inflammation, restore range of motion, and to avoid surgery. There was no rationale provided. There is no indication of any prior epidural steroid injections at L4-5. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." The patient has low back pain which travels to the bilateral legs and into the ankles with cramping, numbness, and tingling. In regards to her lumbar spine, there is diffuse tenderness over the lumbar paravertebral musculature and moderate facet tenderness over the L4-S1 levels. Sensation is intact in all dermatomes except at the L5 dermatome, bilaterally. The MRI of the lower back shows at L4-L5 there is a Grade 1 anterolisthesis of L4 on L5, facet arthropathy, narrowing of the neural foramina bilaterally with abutment of the exiting right L4 nerve roots (date of MRI not provided). The 10/21/14 report states that the "patient has failed conservative treatment, including physical therapy, chiropractic treatment, medication, rest and a home exercise program." There is no indication of any prior epidural steroid injections at L4-5. In this patient, MRI showed narrowing of the neural foramina bilaterally with abutment of the exiting right L4 nerve roots, exam showed some sensory changes, and the patient has significant leg symptoms. Therefore, a trial of lumbar epidural steroid injection is reasonable. The requested bilateral transforaminal epidural steroid injection at L4-5 IS medically necessary.

**urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screening.

**Decision rationale:** The patient presents with pain which travels to both shoulders and both arms, numbness and tingling on the left hand, and low back pain which travels to the bilateral legs and into the ankles. The request is for URINE TOXICOLOGY SCREEN to "monitor

adherence to a prescription drug treatment regimen, to diagnose substance misuse/abuse, addition and /or other aberrant drug-related behavior to guide treatment." None of the two reports provided mention which medications the patient is taking. Regarding urine drug screens, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines 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. It is not clear if the patient has previously had any prior urine drug screens, nor is it clear what medications the patient is taking. It is not known whether or not the patient is on any opiates. If the patient is not on any opiates, there would be no need for any UDS's. The treater must provide necessary documentation regarding the patient's ongoing care (MTUS page 8). Given the lack of any reference to the use of opiates, the request IS NOT medically necessary.