

Case Number:	CM14-0204746		
Date Assigned:	12/30/2014	Date of Injury:	11/11/2003
Decision Date:	02/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 63-year-old man who sustained a work-related injury on November 11, 2003. Subsequently, the patient developed chronic low back, right shoulder, and right knee pain. Prior treatments included: medications, back brace, home exercises, acupuncture, chiropractic treatment, TENS unit, heating pad therapy, TFESI right L3, L4, and L5 on November 9, 2012 with 95% reduction of pain for 2 months, and physical therapy. An EMG of the bilateral lower extremities performed on May 22, 2014 revealed S1 radiculopathy. MRI of the lumbar spine dated February 4, 2013 revealed bilateral foraminal stenosis at L4-S1. According to a medical report dated November 7, 2014, the patient complained of intermittent neck and upper back pain on the right side. The patient reported having occasional radiation of aching, numbness, and tingling to right upper extremity down to the fingers. He rated his neck and arm pain at a 6/10. He also reported aching and burning pain on mid and low back with radiation of aching, cramping, and numbness to bilateral lower extremities to toes. The patient stated that his bilateral extremity pain was becoming worse. He rated his constant low back pain at an 8/10. The patient described occasional morning nausea and constipation due to his medication. On examination, the patient was unable to heel/toe walk due to pain, weakness, and instability. There was tenderness to palpation over cervical, thoracic, and lumbar paraspinals, right greater than left. Range of motion of the cervical, thoracic, and lumbar spine was decreased in all planes. There was decreased sensation to the right C5, C6, C7, and C8 dermatomes. Decreased sensation to the right of L4, L5, and S1 dermatomes. Motor exam was 4+/5 for bilateral deltoids, biceps, and triceps. 4+/5 for right internal and external rotators. 5-/5 for bilateral wrist extensors and flexors. 4+/5 for bilateral

psoas, quadriceps, and hamstrings. 5-/5 for right EHL and right tibialis anterior. Straight leg raise on the right at 30 degrees reproduced pain to the foot. Positive slump test on the right. Lasegue was positive on the right. The patient was diagnosed with status post right shoulder arthroscopy on June 1, 2009, right elbow lateral epicondylitis, right knee arthralgia with chondromalacia patella and patellofemoral crepitus with mild pain, moderate to severe canal stenosis at L3-4 and L4-5, mild to moderate neural foraminal narrowing of the lumbar spine, lumbar radiculopathy per EMG, degenerative disc disease of the cervical spine with radiculopathy, depression, anxiety, sleep disorder, L4-5 anterolisthesis grade I, right knee medial and lateral meniscal tears, and right knee DJD. The provider requested authorization for Lumbar transforaminal epidural steroid injection to the L5-S1, right S1 selective nerve root block and 1 med panel to include: urine drug screen, assay of urine creatinine, assay of pH body fluids and spectrophotometry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection to the L5-S1, right S1 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Lumbar transforaminal epidural steroid injection to the L5-S1, right S1 selective nerve root block is not medically necessary.

1 med panel to include: urine drug screen, assay of urine creatinine, assay of pH body fluids and spectrophotometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for

requesting UDS test. Therefore, 1 med panel to include: urine drug screen, assay of urine creatinine, assay of pH body fluids and spectrophotometry is not medically necessary.