

Case Number:	CM15-0007371		
Date Assigned:	01/26/2015	Date of Injury:	05/14/2008
Decision Date:	03/12/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 72 year old male who sustained a work related injury on May 14, 2008, after suffering a fall off a ladder where he worked as a nursery caretaker. His injuries were a scalp contusion and injuries to his left shoulder, arm and wrist. Treatment included epidural injections into his back and neck for pain, pain medications, Transcutaneous Electrical Nerve Stimulation (TENS) unit, acupuncture and physical therapy. Diagnoses were left shoulder rotator cuff tear and underwent a left shoulder arthroscopic subacromial decompression with extensive debridement including rotator cuff and labrum, biceps tendonesis and partial claviclectomy. Currently, the injured worker presents with continued pain and discomfort, and decreased range of motion. On January 8, 2015, a request for a service of lumbar epidural steroid injection at L4-5 and L5-S1 on the right and a request for a urine drug screen was non-certified by Utilization Review, noting the California MTUS Chronic pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L4-5 and L5-S1 on right: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic left shoulder, low back and neck pain. Treatments have included arthroscopic surgery, medications, and prior lumbar epidural steroid injections. When seen by the requesting provider on 12/23/14 there is reference to epidural steroid injections done previously with sustained pain relief greater than 50% lasting for more than six weeks. Authorization for a single injection is was requested. Treatments have included epidural steroid injections with reported benefit of > 50% lasting for more than 6 weeks. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Injections should be performed using fluoroscopy. In this case, the requested epidural injection with fluoroscopy is within applicable guidelines and therefore medically necessary.

Urinary Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Criteria for use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT)

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic left shoulder, low back and neck pain. The claimant has a history of discharge from care due to concern regarding opioid use. When seen by the requesting provider on 12/23/14, Norco was prescribed. Criteria for urine drug testing include risk stratification and when initiating a trial of opioid therapy. In this case, the claimant would be considered at 'moderate risk' for addiction/aberrant behavior. In this case, the testing performed was within guideline recommendations and therefore was medically necessary.