

<b>Case Number:</b>	CM15-0009390		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old female who reported an injury on 05/24/2014. A prior request for referral to pain management for epidural injection and a prior request for a urine drug screen were both non-certified based on a lack of documentation that the injured worker had failed a trial of conservative treatments including exercises or physical methods and with the guidelines only recommending a urine drug screen every 6 months with no indication of aberrant drug taking behaviors. At her most recent examination, she complained of severe low back pain with muscle spasms radiating to her left leg and knee. She reportedly had run out of her tramadol, Xanax, Prilosec and Naprosyn. On examination, she had decreased range of motion with flexion and a positive straight leg raise in the lying position on the right at 60 degrees. Her sensation and proprioception were within normal limits, she was able to toe and heel walk, with 5/5 strength in the lower extremities. Her previous x-ray identified degenerative changes in the upper back with kyphosis and degenerative disc disease with no recent imaging studies provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to pain management for epidural injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

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

**Decision rationale:** Under the California MTUS Guidelines, injured workers must have documentation of recent conservative efforts to include evidence based modalities such as physical therapy or a home exercise program to warrant an epidural injection. Additionally, there must be imaging studies corroborating with physical exam findings of a herniated nucleus pulposus impinging on the thecal sac or spinal cord causing radicular symptoms to warrant an epidural steroid injection. Therefore, after review of the clinical documentation, without having any evidence of recent conservative management, or imaging studies to confirm radicular symptoms in any area of the spine, and without reference to which region the epidural injection is to be given, the requested referral to pain management for epidural injection cannot be supported. As such, the medical necessity has not been established.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Under the California MTUS Guidelines, because the injured worker had recently renewed her prescription for tramadol, and with the indication that she had recently had run out of her medications prior to her most current physical examination, a urine drug screen would be considered medically appropriate in helping to determine her medication compliance. The guidelines support random or scheduled urine drug screens on varying basis to determine if there is any aberrant drug taking behaviors while utilizing opioids. Therefore, after review of the clinical documentation, a urine drug screen would be considered medically appropriate. As such, the medical necessity has been established.