

<b>Case Number:</b>	CM15-0102098		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male, who sustained an industrial injury on 2/24/09. He has reported initial complaints of neck pain, back pain, left shoulder and left rib pain/injury. The diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and bilateral sacroiliac joint sprain/strain. Treatment to date has included medications, activity modifications, rest, diagnostics, sling, physical therapy, chiropractic, home exercise program (HEP) and other modalities. Currently, as per the physician comprehensive pain management consultation report note dated 4/8/15, the injured worker complains of pain in the low back rated 7/10 on the pain scale that travels to the buttocks and bilateral legs with numbness, tingling and cramping. The physical exam of the lumbar spine reveals diffuse tenderness over the lumbar muscles, moderate facet tenderness, antalgic gait to the left, and heel toe walk is exacerbated to the left. There is positive sacroiliac tenderness bilaterally, Fabere's/Patrick test is positive bilaterally, Sacroiliac thrust test is positive bilaterally, Yeoman's test is positive bilaterally, Kemp's test is positive bilaterally and Farfan test is positive bilaterally. The lumbar spine range of motion is decreased. The sensation is decreased in the left L4, L5 and S1 dermatomes. There are no current medications noted. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 7/2/14 reveals annular tear, disc protrusion with abutment of the descending nerve roots, facet arthropathy, and central canal narrowing. The physician requested treatments included L4-L5 Left and L5-S1 Left Transforaminal Epidural Steroid Injections times two, Urine Drug testing, and Lumbar-Sacral Orthosis (LSO) Brace for home use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 Left and L5-S1 Left Transforaminal Epidural Steroid Injections times two:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In this case, the claimant does have clinical and imaging findings consistent with radiculopathy. However, response to an initial injection is unknown. In addition, the injections are not recommended by the ACOEM guidelines due to their short-term benefit. There the request for 2 injections is not medically necessary.

**Urine Drug testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The claimant was not currently on medications. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

**LSO Brace for home use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The use of a back brace is not medically necessary.