

Case Number:	CM15-0134306		
Date Assigned:	07/22/2015	Date of Injury:	03/08/2013
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 50-year-old female with a march 8, 2013 date of injury. A progress note dated May 16, 2015 documents subjective complaints (lower back pain rated at a level of 5/10; shooting pain radiating into the bilateral lower extremities), objective findings (antalgic gait to the left; heel-toe walk exacerbated to the left; tenderness with spasm noted over the lumbar paravertebral musculature; sacroiliac tenderness on the left; positive Fabere's/Patrick, sacroiliac thrust, and Yeoman's tests on the left; positive Kemp's test bilaterally; positive seated and supine straight leg raise tests on the left; positive farfan test bilaterally; decreased range of motion of the lumbar spine; decreased muscle strength of the left big toe extensors, knee extensors, and hip flexors), and current diagnoses (lumbar disc disease; lumbar radiculopathy; posterior annular tear at L2-3 and L5-S1; left sacroiliac joint arthropathy; left plantar fasciitis). Treatments to date have included left L2-3 and L5-S1 selective nerve block with more than 50% improvement of symptoms, exercise, medications, and imaging studies. The treating physician documented a plan of care that included a second diagnostic L2-L3 and left L5-S1 selective nerve root block and a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic L2-L3 and left L5-S1 selective nerve root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs with numbness and tingling. These records described findings consistent with radiculopathy, suggested failed prior conservative treatment, and indicated the worker had decreased symptoms and improve function after prior procedures. However, the request did not specify on which L2 nerve root the block would be attempted, which would not allow for a determination of medical need. For this reason, the current request for second diagnostic selective unspecified L2 and left L5 nerve root blocks is not medically necessary.

Random urinary drug screening test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests), steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

Decision rationale: The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs with numbness and tingling. Treatment recommendations included the use of two restricted medications, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for a random urine drug screen test is medically necessary.