Case Number:	CM15-0141099		
Date Assigned:	07/30/2015	Date of Injury:	06/18/2012
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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
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 male, who sustained an industrial injury on 6-18-2012. The mechanism of injury was a slip and fall with a collapsing scaffold. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint sprain-strain. Cervical and lumbar magnetic resonance imaging showed nerve root compression at cervical 4-6 and lumbar 3-5. Treatment to date has included physical therapy, chiropractic care, home exercises and medication management. In a progress note dated 6-2-2015, the injured worker complains of neck pain rated 7-9 out of 10 and low back pain rated 10 out of 10. Physical examination showed moderate facet tenderness and bilateral sacroiliac joint pain, moderated to severe neck and low back pain with decreased range of motion. The treating physician is requesting a bilateral cervical 4-5 and cervical 5-6 epidural steroid injections, 1 bilateral lumbar 3-4 and 4-5 transforaminal epidural steroid injections and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 47.

Decision rationale: Per review, the request for 1 bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections was modified to certify for bilateral L3-4 stating findings only at this level. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without consistent correlating motor/ sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The 1 bilateral L3-L4 and L4-L5 transforaminal epidural steroid injections is not medically necessary and appropriate.

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient without opioid therapy. Presented medical reports from provider have unchanged chronic pain symptoms with unchanged clinical findings prescribed Naproxen and Omeprazole. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The One urine drug screen is not medically necessary and appropriate.