

Case Number:	CM15-0141746		
Date Assigned:	07/31/2015	Date of Injury:	06/16/2010
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/21/2015

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 with an industrial injury dated 06-16-2010; cumulative trauma 06-07-2010 through 07-01-2014. The injured worker states on 06-16-2010 he was working when he noted the onset of back pain at the end of the shift. He also reported increasing back pain and pain in both hips (July 2013) due to repetitive work duties. His diagnoses included lumbar spine disc disease, lumbar spine Radiculopathy, bilateral sacroiliac joint sprain/strain and bilateral hip sprain/strain. Prior treatment included transforaminal epidural steroid injections, physical therapy and medications. He presented on 05/27/2015 with complaints of low back pain rated as 2-3 out of 10. On 04-20-2015 he underwent right lumbar 3- lumbar 4 bilateral transforaminal epidural steroid injections receiving 60% relief for four weeks. He reported that achiness and soreness to the low back and legs had decreased slightly. He was working without restrictions. Physical exam of lumbar spine revealed gait was antalgic to the right. There was diffuse tenderness upon palpation noted over the lumbar paravertebral musculature. There was moderate tenderness upon palpation noted over the lumbar facet joints at the lumbar 4-sacral 1 level. The following tests were positive: Sacroiliac tenderness, Faber's-Patrick, Sacroiliac Thrust Test, Yeoman's test, Kemp's test and seated straight leg raise test. Lumbar spine range of motion was decreased. There was bilateral hip pain noted over the greater trochanter. Sensory exam revealed diminished sensation to pain, temperature, light touch, vibration and two point discrimination along the lumbar 3 and lumbar 4 dermatomes bilaterally. His medications were Norco, Naproxen and Cyclobenzaprine. Treatment plan included urine drug testing and epidural steroid injection. The treatment request is for second diagnostic right lumbar 3-lumbar 4 and

bilateral lumbar 4-lumbar 5 transforaminal epidural steroid injections and random urinary drug screening test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic right L3-L4 and bilateral L4-L5 transforaminal epidural steroid injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: 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 Electro diagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, not identified here with only noted relief of 4 weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. 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 no surgery planned or identified pathological lesion noted. The Second diagnostic right L3-L4 and bilateral L4-L5 transforaminal epidural steroid injections are not medically necessary and appropriate.

Random urinary drug screening test: Upheld

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

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

Decision rationale: Per 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 who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted

range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. 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 Random urinary drug screening test is not medically necessary and appropriate.