

Case Number:	CM15-0149672		
Date Assigned:	08/12/2015	Date of Injury:	06/14/2013
Decision Date:	09/21/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, New York
 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 51 year old female with an industrial injury dated 06-01-2012 - 06-14-2013 (cumulative trauma.) Her diagnoses included lumbar 4-lumbar 5 and lumbar 5- sacral 1 spondylolisthesis, chronic lumbar strain, bilateral lower extremity radicular pain, left knee strain, cervical spine sprain/strain and thoracic sprain/strain. Prior treatment included physical therapy, TENS unit, home exercises and medications. She presents on 06-23-2015 with complaints of lower back and right lower extremity pain rated at 8-9 out of 10. The back pain radiates down both legs. She notes the Norco brings pain down from 9 to 4 out of 10. She notes severe pain in right lower extremity rated as 8 out of 10. Physical exam of the cervical and thoracic spine revealed tenderness over the paraspinal bilaterally. Examination of the lumbar spine revealed decreased range of motion in all planes with decreased sensation over the leg at lumbar 4 and lumbar 5 (but normal on the right.) The treatment plan included follow up with pain management, urine toxicology and medications. The provider documents there are no signs of drug abuse, overuse or adverse reactions. She could return to modified work on 06-23-2015. The treatment request is for: Urine drug test. Pain management x 3. Injection of Depo-Medrol Epidural steroid injection (ESI) L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms, and unresolved radicular symptoms after receiving conservative treatment. The patient has had many forms of conservative therapy with persistent pain. It is considered medically necessary for the patient to have a pain management consultation with persistent symptoms. However, the patient was already seen by pain management. Another visit may be warranted but it is difficult to say if 3 sessions are required and should just be determined after each visit. Therefore, the request is considered not medically necessary as stated.

Epidural steroid injection (ESI) L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

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

Decision rationale: The request for a epidural steroid injection at L4-L5 is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't consistent documentation of exam findings of radiculopathy corroborated by MRI findings. The patient has decreased sensation of left L4, L5 dermatome with patent neural foramina on lumbar MRI. There is no documented electrodiagnostic testing. Therefore, the request is considered medically unnecessary.

Injection of Depo-medrol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The request is considered not medically necessary. As per ODG guidelines, there is extremely limited evidence to recommend corticosteroid for acute radicular pain. Criteria for injection include clear signs of radiculopathy, documentation on discussion of risks and limited efficacy, and acute exacerbation. The patient has chronic pain which is likely to benefit from injection. Therefore, the request is considered not medically necessary.

Urine drug test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a urine drug screen is considered medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 As of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. The patient has had consistent drug screens. Therefore, I am reversing the prior UR decision and consider this request to be medically necessary.