MAXIMUS Federal Services

Case Number:	CM15-0165793		
Date Assigned:	09/03/2015	Date of Injury:	10/02/1989
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71-year-old male who sustained a work related injury October 2, 1989. Past history included; status post fusion to the cervical C5-6 spine 1993, fusion lumbar spine L4-5 1999, lumbar laminectomy x 2, bilateral knee replacement, hypertension, abdominal aortic aneurysm, and duodenal bleeding requiring banding procedure. According to a treating physician's progress report, dated July 15, 2015, the injured worker presented with neck and bilateral upper extremity pain and low back and bilateral lower extremity pain. There is weakness noted over the left lower extremity and numbness over the left thigh. The physician noted he received a nerve block April 16, 2015, left L2-3 and L3-4 with a greater than 50% improvement in lumbar and sciatic pain. He had a recent incident, while helping his wife with multiple sclerosis who was about to fall and weighs 280 pounds, he tripped while grabbing her and strained his back. He also reports a flare-up of psoriasis involving both hands and lateral aspect of his right shin. Current medication included Lidocaine ointment, Percocet and Clonidine Hydrochloride. Physical examination revealed; antalgic gait; positive neural tensioning signs on the left; decreased sensation to light touch L2-3, L3-4 distribution on the left; reduced patellofemoral reflex 1 minus on the left and 2+ on the right. Diagnoses are lumbar or lumbosacral disc degeneration; brachial neuritis or radiculitis, not otherwise specified; cervical disc degeneration; cervical disc displacement without myelopathy. At issue, is a request for authorization for a urine drug screen and a transforaminal epidural steroid injection left L2-3, L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (L) L2-3, L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1989 and is being treated for neck pain, low back pain, and bilateral upper and lower extremity pain. Treatments have included multiple epidural injections and cervical and lumbar spine fusion surgeries. Medications include Percocet. Urine drug screening in February 2015 was consistent with the prescribed medications but was negative in April 2015. Recent treatments include left L2-3 and L3-4 epidural injections on 04/16/15. On 05/13/15, there had been an initial more than 50% degree of pain relief with improved activity tolerance until a recent fall and then his symptoms had returned. When seen, the assessment references an absence of aberrant drug behaviors or signs of diversion. Physical examination findings included a normal BMI. There was an antalgic gait. There was decreased left lower extremity strength, sensation, and decreased left patellar reflex with positive left neural tension testing. He was completing antibiotic treatment for cellulitis. His Percocet dose was being tapered. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the claimant had less than one month of pain relief after the last epidural steroid injection done in April 2015. The criteria for a repeat epidural steroid injection are not fulfilled and therefore a repeat lumbar epidural steroid injection was not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant has a remote history of a work injury occurring in October 1989 and is being treated for neck pain, low back pain, and bilateral upper and lower extremity pain. Treatments have included multiple epidural injections and cervical and lumbar spine fusion surgeries. Medications include Percocet. Urine drug screening in February 2015 was consistent with the prescribed medications but was negative in April 2015. Recent treatments include left L2-3 and L3-4 epidural injections on 04/16/15. On 05/13/15, there had been an initial more than 50% degree of pain relief with improved activity tolerance until a recent fall and then his symptoms had returned. When seen, the assessment references an absence of aberrant drug behaviors or signs of diversion. Physical examination findings included a normal BMI. There

was an antalgic gait. There was decreased left lower extremity strength, sensation, and decreased left patellar reflex with positive left neural tension testing. He was completing antibiotic treatment for cellulitis. His Percocet dose was being tapered. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, requesting a third urine drug screening within six months is not medically necessary.