MAXIMUS Federal Services

Case Number:	CM15-0191585		
Date Assigned:	10/05/2015	Date of Injury:	01/24/2012
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 1-24-2012. The injured worker was being treated for lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, and cervical spine discopathy. On 8-25-2015, the injured worker reported low back pain radiating down the bilateral buttocks, legs, and feet. Associated symptoms included spasms of the thighs and calves. She reported no relief from the transforaminal epidural steroid injections at the bilateral L3-4 (lumbar 3-4) and L4-5 (lumbar 4-5) administered to her on 6-22-2015. In addition, she reported constant left shoulder pain. She reported 2% relief from the cervical stellate ganglion blocks administered to her on 7-27-2015 and 8-14-2015. She reported a significant decreased of the burning sensation in her left shoulder and her pain for 2 weeks, but her neck pain remained. The physical exam (8-25-2015) revealed a left-sided antalgic gait, heel and toe walk exacerbated to the left, diffuse tenderness over the lumbar paravertebral musculature, and moderate facet tenderness at L3-S1 (sacral 1). There was bilateral sacroiliac tenderness, decreased lumbar range of motion, decreased sensation in the right L2 (lumbar 2) and L3 dermatomes and the bilateral L4, L5, and S1 dermatomes. There was no cervical spine assessment included in the physical exam (8-25-2015) documentation. Diagnostic studies were not included in the provided medical records. Treatment has included muscle relaxant, anti-epilepsy, antidepressant, antianxiety, and sleep medications. On 8-25-2015, the requested treatments included an MRI of the cervical spine, lumbar transforaminal epidural steroid injection at the right L2-L2, L2-L3 levels, and random urinary drug screening. On 9-18-2015, the original utilization review non-certified requests for an MRI of the cervical spine,

lumbar transforaminal epidural steroid injection at the right L2-L2, L2-L3 levels, and random urinary drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

Decision rationale: Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary per the MTUS Guidelines and the ODG. The patient has had a cervical MRI in July of 2012. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation does not indicate evidence of cervical red flag findings or progressive neurological deficits or significant change in symptoms therefore the request for an MRI of the cervical spine is not medically necessary.

Lumbar transforaminal epidural steroid injection at the right L2-L2, L2-L3 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Lumbar transforaminal epidural steroid injection at the right L1-L2, L2-L3 levels is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective imaging studies or electrodiagnostic testing for review with evidence of radiculopathy in the proposed area for epidural injection. The documentation states that the patient underwent electrodiagnostic testing of the BLE in January of 2014 which was

reported as a normal study. There is a reported lumbar MRI with multilevel disc bulges including mild to moderate right neural foraminal narrowing at L1-2 and moderate right neural narrowing at L2-3, however there is no objective report for review Therefore the request for epidural steroid injection is not medically necessary.

Random urinary drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Urine drug testing (UDT).

Decision rationale: Random urinary drug screening is not medically necessary per the MTUS Guidelines and the ODG. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no documentation of aberrant behavior therefore the request for urine drug screen is not medically necessary. Furthermore the documentation reveals that opioids are not medically appropriate for this patient without continued functional improvement therefore the request for urine drug screening is not medically necessary. The documentation indicates that the patient has had prior urine drug screening. The 12/30/14 progress note indicates urine drug screening was performed. Subsequent progress notes does not indicate evidence of aberrant behavior. Furthermore, this request does not specify a quantity of urine drug screens and there is no evidence that the patient requires frequent urine drug screening therefore this request is not medically necessary.