

Case Number:	CM15-0195684		
Date Assigned:	10/09/2015	Date of Injury:	04/12/2002
Decision Date:	12/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
 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 66 year old female, who sustained an industrial injury on 4-12-2002. The injured worker is undergoing treatment for: lumbar disc disease, lumbar facet syndrome, status post bilateral total knee replacement. On 8-4-15, she reported low back pain rated 9.5 out of 10, described as sharp and radiating down the bilateral legs to the feet. She indicated she is unable to walk without a walker. She also reported her legs were weak. Physical examination revealed a wide based gait with use of cane, heel and toe walking is noted to be performed with difficulty, lumbar spine noted to have tenderness, positive bilateral kemps test, positive for back pain straight leg raise testing bilaterally, positive Farfan test bilaterally, decreased lumbar range of motion, decreased range of motion to bilateral knees, positive bilateral patellar compression. There is no discussion of aberrant behaviors. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (7-28-15) reported to reveal multi-level degenerative disc disease and anterolisthesis of L3-L4, L4-L5, and L5-S1 and foraminal narrowing and facet arthropathy; medications, multiple sessions of physical therapy, multiple chiropractic therapy sessions, activity modifications, home exercise program, two rhizotomies (dates unclear), at least 6 sessions of acupuncture, and bilateral total knee replacement (date unclear). Medications have included: Tylenol number 4 and Neurontin. Current work status: noted to be deferred to the primary treating physician. The request for authorization is for: bilateral L4-5 and L5-S1 transforaminal epidural steroid injection x1; and urine drug screen. The UR dated 9-2-2015: modified to trial of single epidural steroid injection; and non-certified the request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 transforaminal ESI times 2: 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): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS Guidelines state that for ESI, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient has signs and symptoms and diagnostic imaging that suggest lumbar radiculopathy. A trial of ESI is appropriate, however a request for two ESI is not recommended. The appropriateness of a repeat injection would need to be based upon the response to a first injection. Therefore the request for two ESI is not medically necessary or appropriate.

UDS (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: In this case drug testing (UDS) is not indicated. There is no specific documentation provided in regard to medications prescribed for this patient. The medications prescribed are not reported. UDS is only appropriate if the patient is being prescribed controlled substances, which is not the case. Therefore the request is not medically necessary or appropriate.