

Case Number:	CM15-0196124		
Date Assigned:	10/09/2015	Date of Injury:	01/01/1980
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 70 year old male, who sustained an industrial injury on 1-1-1980. The injured worker is undergoing treatment for: lumbar spondylosis without myelopathy, lumbar discogenic spine pain, lumbar facet arthropathy, lumbar back pain, failed back surgery syndrome, chronic pain. On 6-16-15, there are no adverse side effects or aberrant behaviors noted. On 9-15-15, he reported continued and increased low back pain with associated pins and needles, stabbing, numbness, burning and cramping. He rated his pain 6-9 out of 10 with previous pain noted as 6-8 out of 10. He indicated aggravating factors as activity and standing. Physical examination revealed sciatic notch tenderness, positive sitting straight leg raise testing bilaterally, normal gait, and light touch is noted to be decreased in the right lower extremity. There is notation on reflex exam "non-organic: inconsistent behavioral responses are absent". There are no documented side effects or aberrant behaviors noted. It is unclear if there is an opioid contract. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (9-24-14), medications, lumbar surgery, home exercise program, heat, stretching, urine drug screen (3-24-15). The records are unclear regarding electrodiagnostic testing. Medications have included: Norco, Cyclobenzaprine, ibuprofen, Duexis, terazosin, verapamil, pravastatin, fluoxetine, and omeprazole. The records indicate Norco has been utilized since at least Marcy 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: caudal ESI (epidural steroid injection), anesthesia, radiology fluoroscopy (x2-3); lumbar magnetic resonance imaging without contrast; Norco 10-325mg quantity 150; retro: toxicology screen (dos: 9-15-15); retro: toxicology screen (dos 6-16-15). The

UR dated 9-21-2015: non-certified the requests for caudal ESI (epidural steroid injection), anesthesia, radiology fluoroscopy (x2-3); lumbar magnetic resonance imaging without contrast; retro: toxicology screen (dos: 9-15-15); retro: toxicology screen (dos 6-16-15); and modified certification of Norco 10-325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with Anesthesia, Radiology, Fluoroscopy (x2-3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third epidural steroid injection is rarely recommended. The CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. In this case, the injured worker has had ongoing chronic back pain since 1980 and has a history of failed back syndrome. An MRI of the lumbar spine, done on 9/24/2014, did not show evidence of nerve root compression. In addition, there are no reported neurological findings or reported pain in a dermatomal pattern consistent with radiculopathy. There are no specific indications for the requested 2-3 epidural steroid injections. Medical necessity for the requested caudal ESIs under fluoroscopy with anesthesia has not been established. The requested procedures are not medically necessary.

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, Lumbar.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain

films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for a repeat MRI of the lumbar spine. The documentation indicates that the claimant had an MRI of the lumbar spine on. There are no new findings of radiculopathy, bowel or bladder incontinence, and there are no new neurologic findings on physical exam. Therefore, there is no specific indication for a repeat MRI of the lumbar spine. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.

Norco 10-325mg #150: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Retro Urine Toxicology Screen (DOS: 9/15/15): 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

Decision rationale: According to CA MTUS, a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the treating physician does not specify when the last urine toxicology screening was performed. There is no

documentation that the patient is indicated to be anything other than a low risk to require testing more than once or twice per year. There is no documentation of any drug addiction or diversion suspected. Therefore, the request for urine toxicology testing in 60-90 days is not indicated. Medical necessity of the requested service (9/15/2015) was not established. The requested urine test was not medically necessary.

Retro Urine Toxicology Screen (DOS: 616/15): 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: According to CA MTUS, a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the treating physician does not specify when the last urine toxicology screening was performed. There is no documentation that the patient is indicated to be anything other than a low risk to require testing more than once or twice per year. There is documentation of a UDT on 3/24/2015, however, no mention of the total number of UDTs previously done this year. Therefore, the request for urine toxicology testing was not indicated. Medical necessity of the requested service (6/16/2015) was not established. The requested urine drug test was not medically necessary.