

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0199463 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 11/01/2014 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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: Texas, California
 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:

This is a 37 year old female who sustained a work-related injury on 11-1-14. Medical record documentation on 9-9-15, revealed the injured worker was being treated for lumbar disc disease, lumbar facet syndrome, lumbar radiculopathy, and bilateral sacroiliac joint sprain-strain. She reported low back pain which she rated a 6-10 on a 10-point scale with her left side greater than right. Her pain was described as discomfort, stiffness, sharp pain and spasm with radiation of pain down to the buttocks and radiating down to the left leg into all toes with numbness, tingling and pin needle sensation. She also reported sharp left thigh pain. Her medication regimen included Naproxen, sleep aid medication, and Prilosec. Objective findings included an antalgic gait to the left and heel-toe walk which was exacerbated to the left. She had normal lordosis and alignment and had diffuse tenderness over the lumbar paraspinal muscles. She had moderate facet tenderness noted over the L5-S1 levels. She had positive sacroiliac joint tenderness bilaterally. She exhibited positive Fabere's-Patrick's test bilaterally, positive Sacroiliac Thrust Test bilaterally, positive Yeoman's Test bilaterally, positive Kemp's test bilaterally and positive straight leg raise on the left. She had a positive Farfan test bilaterally. Her lumbar spine range of motion was bilateral lateral bending to 15 degrees, flexion to 60 degrees and extension to 10 degrees. Her lower extremity reflexes were decreased on the left and she had decreased sensation to pinprick at the left L4-L5 dermatomes. An MRI of the lumbar spine on 4-22-15 revealed L5- S1 neural foraminal stenosis left greater than right and L4-5 trace neural foraminal narrowing. The patient sustained the injury due to cumulative trauma. The patient had received an unspecified number of PT and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and left L5-S1 transforaminal epidural steroid injection (TESI): Upheld

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

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

Decision rationale: Request: Left L4-5 and left L5-S1 transforaminal epidural steroid injection (TESI). The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI 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. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The patient had received an unspecified number of PT and chiropractic visits for this injury. The detailed conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program, were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Left L4-5 and left L5-S1 transforaminal epidural steroid injection (TESI) is not fully established for this patient. The request is not medically necessary.

Urine drug screen: Upheld

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

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) Treatment Index, Pain (updated 10/09/15), Urine drug testing (UDT).

Decision rationale: Request: Urine drug screen. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is, "The test should be

used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment; Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument; Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." The medication list includes Naproxen. Evidence that the patient is taking potent narcotics was not specified in the records provided. A history of substance abuse was not specified in the records provided. Evidence that the patient was at a high risk of addiction or aberrant behavior was not specified in the records provided. The medical necessity of the request for Urine drug screen is not fully established in this patient. The request is not medically necessary.