

Case Number:	CM15-0199610		
Date Assigned:	10/19/2015	Date of Injury:	05/14/2001
Decision Date:	12/07/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/11/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male who sustained an industrial injury on 5-14-01. He is working full time. The medical records indicate that the injured worker is being treated for displaced lumbar disc; chronic pain; lumbar spine pain; lumbar spinal stenosis; lumbar radiculopathy; lumbar degenerative disc disease; sacroiliitis. He currently (9-21-15) has not improved significantly. He complains of constant, increased, worsening low back pain that is achy and numbing with radiation to the left leg. The pain level was 0 out of 10 (per 9-21-15 note). On physical exam there was tenderness in the lumbar spine L4-5 dermatomal distribution; palpation of the bilateral sacroiliac joint reveals left sided pain. There was pain with lumbar range of motion, positive straight leg raise on the right; decreased sensations to light touch bilateral lower extremities. He has undergone an MRI of the lumbar (no date) spine showing spinal stenosis and mild early degenerative disc disease at L4-5, L5-S1. Treatments to date include amitriptyline, Norco (since at least 2-6-15), gabapentin; epidural steroid injection and physical therapy 4 years ago with significant relief for 70-80%. The request for authorization dated 9-24-15 was for 2 lumbar epidural steroid injections with fluoroscopic guidance; Norco 5-325mg #90; urine drug screen #1. On 10-5-15 Utilization Review non-certified the requests for 2 lumbar epidural steroid injections with fluoroscopic guidance; Norco 5-325mg #90, modified to #21; urine drug screen #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lumbar Epidural Steroid Injections at Left L5-S with Fluoroscopic Guidance: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.

90 Norco 5 mg-325mg: 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, criteria for use, Opioids for chronic pain.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Urine Drug Screen: Upheld

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

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

Decision rationale: MTUS recommends urine drug testing as an option to assess for aberrant behavior. The records do not discuss risk factors for aberrant behavior or screening for potential misuse of prescribed drugs or a proposed frequency of urine drug testing based on such screening. Without such additional details, the records and guidelines do not support this request. The request is not medically necessary.