

<b>Case Number:</b>	CM15-0203958		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/15/2002
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on 7-15-02. The injured worker is diagnosed with radiculitis and post lumbar laminectomy syndrome. His disability status is permanent and stationary. Notes dated 8-10-15 and 9-2-15 reveals the injured worker presented with complaints of low back pain that radiates into his buttocks bilaterally and bilateral leg pain described as burning, throbbing, dull, aching, shooting, sharp, cramping, electric-like, numbness and pins and needles. His pain is increased by standing, sitting, walking and exercising and is relieved by medication, lying down and relaxing and is rated at 3-10 out of 10. A physical examination dated 8-10-15 and 9-2-15 revealed normal tandem gait and deep tendon reflexes are 2+ and symmetrical bilaterally. Treatment to date has included medication, which reduce his pain, TENS unit, massage, ice, heat and cortisone injection provides moderate relief per note dated 8-10-15. Diagnostic studies include urine drug screens are consistent with his prescribed medications per note dated 9-2-15. A request for authorization dated 8-12-15 for 1 transforaminal epidural steroid injection and 1 urine drug screen is non-certified, per Utilization Review letter dated 9-26-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One transforaminal epidural steroid injection: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one transforaminal epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks...etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response...etc. See the guidelines for details. In this case, the injured worker's working diagnosis is radiculitis. Date of injury is July 15, 2002. Request for authorization is September 23, 2015. According to a September 2, 2015 progress note, the injured worker presents for evaluation of chronic low back pain and radiculitis. The pain is in the legs on both sides. Pain score is 5/10. The injured worker received a prior epidural steroid injection (lumbar). There is no objective functional improvement in the record regarding the prior injection. Objectively, there is a cursory musculoskeletal examination that was unremarkable. Gait and tandem are normal. There is a cursory neurologic evaluation that was normal. There is no objective evidence of radiculopathy on physical examination. According to the utilization review, a request was made to the treating provider for prior MRI results, electrodiagnostic studies, a description of the dermatome distribution of the clinical symptoms, prior lumbar epidural steroid injections (approved/authorized May 29, 2015) with documentation of objective functional improvement and prior urine drug screen results over the last 12 months. There was no response to these requests. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination, no prior magnetic resonance imaging results (lumbar spine), no electrodiagnostic study results and no objective functional improvement with a prior lumbar epidural steroid injection authorized May 29, 2015, one transforaminal epidural steroid injection is not medically necessary.

**One urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT) 2015.

**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) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnosis is radiculitis. Date of injury is July 15, 2002. Request for authorization is September 23, 2015. According to a September 2, 2015 progress note, the injured worker presents for evaluation of chronic low back pain and radiculitis. The pain is in the legs on both sides. Pain score is 5/10. The injured worker received a prior epidural steroid injection (lumbar). There is no objective functional improvement in the record regarding the prior injection. Objectively, there is a cursory musculoskeletal examination that was unremarkable. Gait and tandem are normal. There is a cursory neurologic evaluation that was normal. There is no objective evidence of radiculopathy on physical examination. A urine drug screen was performed on July 22, 2015 that was deemed consistent by the treating provider. There is no clinical indication or rationale for a repeat urine drug screen September 2, 2015. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, a consistent UDS on July 22, 2015, no documentation of aberrant drug-related behavior, drug misuse or abuse and no clinical indication or rationale for a repeat urine drug screen (based on prior medical record documentation), urine drug testing is not medically necessary.