

Case Number:	CM15-0204389		
Date Assigned:	10/21/2015	Date of Injury:	03/11/2002
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on 3-11-2002. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy, and sacroiliac arthropathy. Treatment to date has included diagnostics and medications. Currently (9-11-2015), the injured worker complains of "worsening low back pain over the last several months", radiating to the mid back and base of his neck, down both legs, and was associated with numbness and tingling in both legs. He also stated that he had pain over the bilateral sacroiliac joints, aggravated by twisting, bending, or direct pressure. Medications were documented as helpful in alleviating some of the symptoms. Medications included Norco and Ultram ER. Physical exam of the lumbar spine noted tenderness to palpation over the lumbar paraspinal musculature, a well healed incision in the midline lumbar area with tenderness to palpation over the mid-portion of the incision, decreased range of motion secondary to pain and stiffness, positive supine straight leg raise bilaterally, tenderness to palpation over the bilateral sacroiliac joints, and positive Fabere and Patrick's tests. Motor exam was 5 of 5 in all extremities and decreased sensation was noted in the bilateral L5 dermatomal distribution. Magnetic resonance imaging of the lumbar spine (12-17-2014) showed a summary of post- surgical changes with interbody fusions and posterior laminectomies at L3-4 and L4-5 levels, widely patent central canal at all levels, and foramina mildly encroached upon by osteophytic ridging and some facet hypertrophy with some areas of minimal abutment of exiting nerve roots, but no definite nerve root imprint or impingement identified at any level. Urine toxicology was referenced as performed on the visit dated 7-02-2015 (results not referenced or submitted). The treatment plan included medications, urine toxicology, and a course of epidural steroid injections

to be directed at the L4-5 level. He remained off work. On 9-28-2015 Utilization Review non-certified a request for 3 lumbar epidural steroid injections and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

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

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per the medical records, UDS was recently authorized 8/2015. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in distress, (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." As the injured worker does not demonstrate any indicators, nor is there any documentation of aberrant behavior, the request is not medically necessary.

Three (3) lumbar epidural steroid injections: 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: Per the MTUS CPMTG epidural steroid injections are used 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

benefit. The criteria for the use of epidural steroid injections are as follows: 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. As the guidelines do not support a "series-of-three" injections, medical necessity cannot be affirmed.