

Case Number:	CM15-0022812		
Date Assigned:	02/11/2015	Date of Injury:	07/30/2013
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old female, who sustained an industrial injury on 7/30/2013. The diagnoses have included lumbar sprain and lumbago. Treatment to date has included conservative measures. Currently, the injured worker complains of pain, radiating through her entire back up to her shoulders and neck. She stated it varied from sharp, stabbing pain to an aching, pulsating pain. She stated that her hands go numb depending on what side she is laying on. She also reported a throbbing, aching pain in her hip. Pain was rated 7/10 in the neck, 10/10 in the back, and 8/10 in the hip. Physical exam noted decreased lumbar range of motion, positive right straight leg raise, radicular right ankle pain along L5-S1 dermatomes, and difficult toe-heel walk. Overall improvement, (50%), was documented since previous two epidural steroid facet injections (9/15/2014 and 11/17/2014). Nerve conduction studies and electromyography of the lower extremities, dated 5/16/2014, were abnormal and consistent with a lumbosacral plexopathy, with an L5-S1 radiculopathy and a right lower extremity sensory polyneuropathy. Magnetic resonance imaging of the lumbar spine, dated 5/12/2014, showed L4-L5 moderate to severe bilateral neural foraminal narrowing secondary to 2mm disc bulge and facet joint hypertrophy. L5-S1 showed moderate to severe bilateral neural foraminal narrowing secondary to 3-4mm disc bulge and facet joint hypertrophy. Bilateral exiting nerve root compromise was seen. On 1/08/2015, Utilization Review non-certified a request for a lumbar spine epidural steroid facet injection L4-S1 and pre-operative lab urinalysis, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Facet Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 52 year old female has complained of low back pain since date of injury 7/3/13. She has been treated with physical therapy, facet joint injections, and medications. The current request is for facet joint injection. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. Based on the above-cited MTUS guidelines, lumbar facet joint injection is not indicated as medically necessary.

Pre-operative Lab Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse.

Decision rationale: This 52 year old female has complained of low back pain since date of injury 7/3/13. She has been treated with physical therapy, facet joint injections, and medications. The current request is for a pre op urinalysis. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. Based on the above-cited MTUS guidelines and the available medical records, a pre op urinalysis is not indicated as medically necessary.