

Case Number:	CM15-0214278		
Date Assigned:	11/04/2015	Date of Injury:	02/06/2014
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 6, 2014. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve requests for two epidural steroid injections and a urine drug test. The claims administrator referenced a September 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a September 29, 2015 RFA form, two epidural steroid injections and a urine drug screen were sought. On an associated September 25, 2015 pain management consultation, the applicant was described as having undergone two prior lumbar epidural steroid injections. The treating provider stated that the applicant profited from the same. Repeat epidural steroid injections were seemingly sought. The attending provider stated that he might consider medial branch blocks at a later point. Drug testing was also endorsed. The applicant's work status and medications were not detailed. On a separate note dated September 17, 2015, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. The applicant was apparently pending a de Quervain's release surgery, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

First therapeutic left L4-L5 and L5-S1 transforaminal epidural steroid injection x2:
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): Introduction, Epidural steroid injections (ESIs).

Decision rationale: No, the request for a series of two (2) transforaminal epidural steroid injections at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia with functional improvement with earlier blocks. Here, thus, the request for two consecutive epidural steroid injections without any proviso to reevaluate the applicant between each injection so as to ensure a favorable response to the same before moving forward with further injections was, thus, at odds with both page 46 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Therefore, the request is not medically necessary.

Urine drug screen test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (updated 10/6/15) Urine drug testing (UDT).

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 (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for and why, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not detailed or discussed on September 29, 2015. It was not clearly

stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request is not medically necessary.