

Case Number:	CM15-0216028		
Date Assigned:	11/05/2015	Date of Injury:	02/12/2014
Decision Date:	12/22/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, 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 injured worker is a 36 year old female, who sustained an industrial injury on 2-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar disc protrusion, sacroiliac joint dysfunction, anxiety, depression, gastritis, and piriformis syndrome. On 9-23-2015, the injured worker reported increased frustration and stress due to pain with overall pain increased rating the pain as 7 out of 10 without medications and 5 out of 10 with medications. The Primary Treating Physician's report dated 9-23-2015, noted the injured worker's medications were helping to perform functions of daily living. The injured worker was noted to have had some anxiety and panic attacks recently. The physical examination was noted to show straight leg raise positive for low back pain with facet loading and FADIR tests positive and tenderness to palpation over the lumbar paraspinal muscles, sacroiliac joint region, and left gluteal region. A lumbar spine MRI was noted to show small disc bulges at L3-L4, L4-L5, and L5-S1 with bulge lateralized to the left foraminal region slightly at the L4-L5 and L5-S1 level, moderate foraminal narrowing at the L4-L5 and mid left neural foraminal narrowing at L5-S1, and a right neural foraminal annular defect noted at L4-L5. An initial urine drug screen (UDS) was requested on 7-1-2015. The laboratory evaluation findings of the urine drug screen (UDS) were not included in the documentation provided. The treatment plan was noted to include refills of medications of Tramadol, Nucynta, Prozac, Omeprazole, Zanaflex, Gabapentin, and Cymbalta, with a random urine drug screen (UDS), a follow up psych evaluation, and request for a lumbar epidural steroid injection (ESI). The request for authorization dated 9-23-2015, requested Tramadol 50mg, #90, Nucynta 150mg,

#30, Omeprazole 20mg, #30, Zanaflex 2mg, #60, Gabapentin 600mg, #30, follow-up in 4 weeks, Prozac 20mg, #30, Cymbalta 30mg, #30, a urine drug screen (UDS), and an Epidural steroid injection at L5-S1. The Utilization Review (UR) dated 10-15-2015, certified the requests for Tramadol 50mg, #90, Nucynta 150mg, #30, Omeprazole 20mg, #30, Zanaflex 2mg, #60, Gabapentin 600mg, #30, and follow-up in 4 weeks, deferred the decisions on the requests for Prozac 20mg, #30 and Cymbalta 30mg, #30, and non-certified the requests for a urine drug screen (UDS), and an Epidural steroid injection at L5-S1.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. "high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. The drug screen from 7/2015 is not included in the medical documentation. As such, the current request for urinalysis drug screening is not medically necessary.

Epidural steroid injection at L5-S1: 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 Low Back Complaints 2004, Section(s): Physical Methods, Initial Care, Activity, Work, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request for Epidural steroid injection at L5-S1 is not medically necessary.