

Case Number:	CM15-0217913		
Date Assigned:	11/09/2015	Date of Injury:	10/09/2008
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 63 year old female with a date of injury of October 9, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis, lumbar disc disease, and left lower extremity radiculopathy. Medical records dated July 8, 2015 indicate that the injured worker complained of persistent lower back pain, with left leg numbness and weakness. Per the treating physician (July 8, 2015), the employee was not working. The physical exam dated July 8, 2015 reveals moderately diminished range of motion of the lumbar spine with pain. The progress note dated September 24, 2015 documented a physical examination that showed an antalgic gait, use of a cane, tenderness in the lumbar paraspinous muscles, increased pain with lumbar range of motion, decreased range of motion of the lumbar spine, significant tenderness in the piriformis region, sciatic notch area, and ischial tuberosity region, decreased sensation in the left L4 and L5 distribution, positive straight leg raise test on the left, and decreased motor strength with left ankle dorsiflexion. Treatment has included medications (Norco, Flexeril, and Gabapentin), lumbar epidural steroid injection, and cervical spine fusion (April 15, 2015). The urine drug screen dated August 27, 2015 showed results consistent with the injured worker's prescribed medications. The utilization review (October 26, 2015) non-certified a request for lumbar epidural steroid injections at left L4-5 and L5-S1, and a confirmatory-quantitative urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection Left L4-5 & 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2008 and is being treated for neck and low back pain. Treatments have included epidural steroid injections and she underwent two level transforaminal epidural steroid injections in October 2008 and January 2015. In September 2015 she was hesitant about undergoing surgery. The reported references the two level injection in January 2015 as having helped greatly for more than 6 months whereas prior single level injections had not helped for any more than a few weeks to a couple of months. Physical examination findings included an antalgic gait with use of a cane. There was a normal body mass index. There was lumbar tenderness with decreased range of motion. There was left lower extremity sensory loss at the L4 and L5 dermatomes. There was decreased left ankle dorsiflexion strength. Left straight leg raising was positive. Norco was being prescribed and quantitative testing and a repeat transforaminal epidural steroid injection were requested. Urine drug screening done in May, June, July, and August was consistent with the prescribed medications. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the degree of pain relief and any reduction in medication use following the previous injection is not documented. The requested repeat lumbar epidural steroid injection is not medically necessary.

Confirmatory/ Quantitative Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 11 Edition (web) 2013 Pain Chapter updated 06/16/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2008 and is being treated for neck and low back pain. Treatments have included epidural steroid injections and she underwent two level transforaminal epidural steroid injections in October 2008 and January 2015. In September 2015 she was hesitant about undergoing surgery. The reported references the two level injection in January 2015 as having helped greatly for more than 6 months whereas prior single level injections had not helped for any more than a few weeks to a couple of months. Physical examination findings included an antalgic gait with use of a cane. There was a normal body mass index. There was lumbar tenderness with decreased range of motion. There was left lower extremity sensory loss at the L4 and L5 dermatomes. There was decreased left ankle dorsiflexion strength. Left straight leg raising was positive. Norco was being prescribed and quantitative testing and a repeat transforaminal epidural steroid injection were requested. Urine drug screening done in May, June, July, and August was consistent with the prescribed medications. Criteria for the frequency of urine drug testing include risk stratification. If required, confirmatory testing should be for the questioned

drugs only. In this case, quantitative test is being requested without having the results of immunoassay based screening testing. Prior urine drug screenings have been done with expected results and monthly testing is being done. Repeat urine drug screening including quantitative testing is not medically necessary.