

<b>Case Number:</b>	CM15-0219599		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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:

The injured worker is a 66 year old male, who sustained an industrial-work injury on 12-4-06. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, lumbar facet syndrome and chronic pain. Treatment to date has included pain medication Percocet and Oxycontin, physical therapy (unknown amount), chiropractic (unknown amount), pain management, cane, activity modifications, and other modalities. Medical records dated 9-10-15 indicate that the injured worker complains of lumbar spine pain that has increased since the last visit. He states that 2 weeks ago he had severe right lumbar spine pain associated with stiffness in the morning. He reports that getting in and out of his vehicle increases pressure on the lumbar spine. Per the treating physician report dated 10-11-15 the disability status is permanent and stationary. The physical exam reveals wide based gait, heel toe walk performed with difficulty secondary to low back pain and he ambulates with use of a cane. The lumbar exam reveals decreased alignment, tightness, guarding, spasm and tenderness over the lumbar muscles. There is right sacroiliac joint tenderness. There is facet tenderness at the L2 through S1 levels bilaterally. The Fabere's , sacroiliac thrust test and Yeoman's tests were positive on the right, the lumbar range of motion was decreased and there was positive Kemp's test and positive seated straight leg raise test bilaterally. There is increased pain on extension and lateral bending. There is decreased sensation along the left L5 and S1 and right L4 dermatomal distributions as top pain, temperature, light touch, vibration and two point discrimination. The physician indicates that he has failed conservative treatments and wishes to proceed with injection. The physician indicates that he has radicular symptoms on exam and neural foraminal stenosis on Magnetic Resonance Imaging (MRI) and recommends that he

may be a candidate for spine surgery, but he needs a spine surgery consult prior to moving forward with any recommendations. The physician also recommends a urine toxicology screen or random drug screening to ensure compliance with medications as the injured worker is a risk with assessment greater than 19 per the SOAPP-R method with high risk for abuse and addiction. The diagnostic studies do not confirm or correlate with the presence of a radiculopathy at the requested level. The requested services included Spinal Surgeon Consult, Right L5-S1 transforaminal epidural steroid injection and Urine Drug Screen. The original Utilization review dated 10-16-15 non-certified the request for Spinal Surgeon Consult and Right L5-S1 transforaminal epidural steroid injection. The request for Urine Drug Screen was modified to 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory lab testing only performed on inconsistent results x 1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Spinal Surgeon Consult: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in December 2006 when he was involved in roll over motor vehicle accident while driving cement truck. He continues to be treated for upper, mid, and low back pain and has right lower extremity radiating symptoms. He has a history of several falls due to right lower extremity weakness. Prior treatments have included epidural blocks and lumbar rhizotomy. He was seen for a spine surgery evaluation in February 2007. In July 2007 there had been an 80-90% improvement after a caudal epidural injection. He had ongoing improvement continuing through May 2008. An MRI of the lumbar spine in January 2015 included findings of multilevel foraminal narrowing. Electrodiagnostic testing in March 2015 showed findings of a mild acute right L5 radiculopathy. When seen, he was having lumbar spine pain which had increased since his last visit. He was having radiating symptoms into the lower extremities greater on the right side. Physical examination findings included a body mass index over 31. He had a wide based gait and was using a cane. He had paraspinal muscle and right sacroiliac joint tenderness. There was multilevel bilateral facet tenderness. Right sacroiliac joint testing was positive. There was decreased lumbar spine range of motion. He had positive straight leg raising with sciatic notch tenderness and positive Kemp's testing bilaterally. There was increased pain with extension and lateral bending. There was decreased bilateral lower extremity sensation and strength. Lower extremity reflexes were asymmetric. AN epidural steroid injection and spine surgery consultation were requested. Percocet and OxyContin were prescribed. His SOAPP-R score was over 19. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this

case, the claimant's condition is consistent with lumbar radiculopathy with an active radiculopathy by electrodiagnostic testing in March 2015. He did have a spine surgery evaluation, but this was more than 8 years ago. He has physical examination findings of radiculopathy with pain and weakness including recurrent falls. A spine surgery consultation is medically necessary.

**Right L5-S1 transforaminal epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

**Decision rationale:** The claimant sustained a work injury in December 2006 when he was involved in roll over motor vehicle accident while driving cement truck. He continues to be treated for upper, mid, and low back pain and has right lower extremity radiating symptoms. He has a history of several falls due to right lower extremity weakness. Prior treatments have included epidural blocks and lumbar rhizotomy. He was seen for a spine surgery evaluation in February 2007. In July 2007 there had been an 80-90% improvement after a caudal epidural injection. He had ongoing improvement continuing through May 2008. An MRI of the lumbar spine in January 2015 included findings of multilevel foraminal narrowing. Electrodiagnostic testing in March 2015 showed findings of a mild acute right L5 radiculopathy. When seen, he was having lumbar spine pain which had increased since his last visit. He was having radiating symptoms into the lower extremities greater on the right side. Physical examination findings included a body mass index over 31. He had a wide based gait and was using a cane. He had paraspinal muscle and right sacroiliac joint tenderness. There was multilevel bilateral facet tenderness. Right sacroiliac joint testing was positive. There was decreased lumbar spine range of motion. He had positive straight leg raising with sciatic notch tenderness and positive Kemp's testing bilaterally. There was increased pain with extension and lateral bending. There was decreased bilateral lower extremity sensation and strength. Lower extremity reflexes were asymmetric. AN epidural steroid injection and spine surgery consultation were requested. Percocet and OxyContin were prescribed. His SOAPP-R score was over 19. 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 claimant had an 80-90% relief of pain after the epidural steroid injection performed in 2007. Recent electrodiagnostic testing confirms and active right lumbar radiculopathy. Complaints and physical examination findings support the injection being requested. Spine surgery is being considered. A repeat lumbar epidural steroid injection is medically necessary.

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

**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 work injury in December 2006 when he was involved in roll over motor vehicle accident while driving cement truck. He continues to be treated for upper, mid, and low back pain and has right lower extremity radiating symptoms. He has a history of several falls due to right lower extremity weakness. Prior treatments have included epidural blocks and lumbar rhizotomy. He was seen for a spine surgery evaluation in February 2007. In July 2007 there had been an 80-90% improvement after a caudal epidural injection. He had ongoing improvement continuing through May 2008. An MRI of the lumbar spine in January 2015 included findings of multilevel foraminal narrowing. Electrodiagnostic testing in March 2015 showed findings of a mild acute right L5 radiculopathy. When seen, he was having lumbar spine pain which had increased since his last visit. He was having radiating symptoms into the lower extremities greater on the right side. Physical examination findings included a body mass index over 31. He had a wide based gait and was using a cane. He had paraspinal muscle and right sacroiliac joint tenderness. There was multilevel bilateral facet tenderness. Right sacroiliac joint testing was positive. There was decreased lumbar spine range of motion. He had positive straight leg raising with sciatic notch tenderness and positive Kemp's testing bilaterally. There was increased pain with extension and lateral bending. There was decreased bilateral lower extremity sensation and strength. Lower extremity reflexes were asymmetric. AN epidural steroid injection and spine surgery consultation were requested. Percocet and OxyContin were prescribed. His SOAPP-R score was over 19. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant would be considered at moderate risk for addiction/aberrant behavior. In this clinical scenario, urine drug screening is recommended 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results and there is no urine drug screening result over the previous 12 months. The request was medically necessary.