

Case Number:	CM15-0039562		
Date Assigned:	03/10/2015	Date of Injury:	11/06/2012
Decision Date:	04/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 37 year old male who sustained a work related injury November 6, 2012. There was a gradual onset of right knee and ankle pain. On the day of injury, while breaking up a fight, he lost his balance and fell, striking his right knee as well as an onset of low back and right wrist pain. He was treated with ice packs, a low back brace, right knee brace, and prescription medication. While on modified duty, he noted an increase in right ankle pain and swelling. He underwent x-rays and a course of acupuncture to the right knee and ankle and physiotherapy directed to the low back, right ankle and right knee. Past history included left hip surgery in approximately 1991 and hypertension. In 2013, an MRI of the lumbar spine was noted to have disc bulging and nerve impingement according to a physician note on 1/20/15. According to a pain management consultation report dated January 20, 2015, the injured worker presented with moderate to severe low back pain radiating down the right lower extremity in the L4 and L5 distribution and moderate facet pain over the lumbar facets with positive loading test from L4 to S1. He has failed conservative treatment including; physical therapy, chiropractic therapy, medication, rest and a home exercise program for more than six weeks over the past twelve months. Diagnoses included lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. Treatment recommendations included requests for authorization for epidural steroid injections and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and right L5-S1 transforaminal epidural steroid injection X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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. In this case, the claimant has radicular findings on exam and imaging. The claimant has persistent pain despite conservative treatment. Although 1 injection may be appropriate, 2 injections cannot be recommended without appropriate reduction in pain medication and at least 2 weeks before injections. The request for 2 ESI at this time is not medically necessary.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that

indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.