

Case Number:	CM15-0050006		
Date Assigned:	03/23/2015	Date of Injury:	10/03/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 66 year old female who sustained an industrial injury on 10/03/2008 due to a fall. She reported immediate onset of low back pain, left knee pain, increase in her right knee pain and pain in both upper arms. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatment and evaluation to date has included medications, MRI, physical therapy, chiropractic treatment, home exercise program, and cold compresses. MRI of the lumbar spine on 5/20/11 showed multilevel degenerative disc disease at L4-5, with facet joint hypertrophy and narrowing of neural foramen at L4-5 and L5-S1. MRI of the lumbar spine on 2/9/15 showed multilevel facet arthropathy, and disc protrusions with abutment of the S1 nerve roots, right and left L5 nerve roots, and right L4 nerve root. At a visit on 2/20/15, the injured worker complains of pain in the lumbar spine that radiated down into the right buttocks and into the right leg and sensitivity to touch in the right calf with associated numbness and tingling as well as some cramping sensation. Current medications include Motrin. Examination showed antalgic gait, tenderness over the lumbar paravertebral musculature and lumbar facet joints at L4 through S1 levels, positive Kemp's test bilaterally, positive straight leg raise on the right, positive Farfan test bilaterally, decreased range of motion of the lumbar spine, decreased strength at the L4 and L5 myotomes, decreased right patellar reflex, and decreased sensation along the L4 and L5 dermatomes on the right. The physician documented failure of conservative therapy including physical therapy, chiropractic treatment, medications, rest, and home exercise program. The injured worker was working without restrictions. On 02/20/2015, the provider requested authorization for right L4-L5 and right L5-S1

transforaminal epidural steroid injections x 2, urine toxicology screening, lumbosacral orthotic brace and 30 day trial of an interferential unit. On 3/11/15, Utilization Review (UR) non-certified requests for urine toxicology screening, lumbosacral orthotic brace for home use, and 30 day trial of an interferential unit for home use. UR modified a request for right L4-5 and right L5-S1 transforaminal steroid injection times two to times one. UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5, L5-S1 Transforaminal Epidural Steroid Injection, quantity 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. In this case, the injured worker had findings on examination consistent with L4-L5 radiculopathy, and MRI findings of facet arthropathy and disc protrusion with abutment of the S1 and L5 nerve roots and right L4 nerve root. The documentation supports failure of conservative treatment. This meets criteria for an initial epidural steroid injection. Two injections were requested; however the guidelines state that repeat injection is contingent upon pain relief and functional improvement after the initial injection. The second injection would therefore not be medically necessary until completion of the first injection with documentation of favorable results as outlined in the guidelines. As such, the request for Right L4-L5, L5-S1 Transforaminal Epidural Steroid Injection, quantity 2 is not medically necessary.

Urine Toxicology 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 Treatment Guidelines drug testing, opioids Page(s): 43, 77-78, 88, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs in accordance

with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. In this case, the injured worker's only medication documented was motrin, a nonsteroidal anti-inflammatory agent. There was no documentation of prescription of opioids. As the treatment plan did not include use of opioids, the request for urine toxicology screen is not medically necessary.

Lumbosacral orthotic brace for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 9, 308.

Decision rationale: This injured worker had lumbar disc disease and lumbar facet syndrome with low back pain. The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. Due to lack of recommendation by the guidelines, the request for Lumbosacral orthotic brace for home use is not medically necessary.

Interferential Unit 30 day trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg chapter: interferential current therapy.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Per the MTUS, interferential stimulation is not recommended as an isolated intervention. It may be used in association with exercise and medications. If certain criteria are met, a one month trial may be appropriate to permit the physician and physical medicine provider to determine effects and benefits. Criteria include pain which is ineffectively controlled by medications, history of substance abuse, pain from postoperative conditions that limit the ability to perform exercise programs, or lack of response to conservative measures. The randomized trials that have evaluated the effectiveness of this

treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and post-operative knee pain. There are no standardized protocols for the use of interferential therapy. The ODG notes that interferential current therapy is not recommended for chronic pain, but notes the same criteria as the MTUS for a one month trial. This injured worker had lumbar disc disease and lumbar facet syndrome with chronic low back pain. The documentation indicates failure of conservative therapy including physical therapy, chiropractic treatment, medications, rest, and home exercise program. The injured worker was taking motrin and had a home exercise program. This meets criteria for a one-month trial as outlined in the guidelines. As such, the request for Interferential Unit 30 day trial is medically necessary.