MAXIMUS Federal Services

Case Number:	CM15-0051694		
Date Assigned:	03/25/2015	Date of Injury:	02/28/2013
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 47 year old female, who sustained an industrial injury on 2/28/2013. Diagnoses include status post right knee scope (11/07/2013), bilateral knee sprain, bilateral shoulder sprain, lumbar spine sprain/strain with bilateral lower extremity radiculopathy, degenerative disc disease, facet osteoarthritis, and cervical spine sprain/strain. Treatment to date has included diagnostic imaging, injections, and medications. Per the Primary Treating Physician's Progress Report dated 1/19/2015 the injured worker reported low back pain with bilateral lower extremity numbness and tingling, pins and needles sensation, spasm, stiffness and difficulty walking due to pain. Physical examination revealed lumbar spine hypo lordosis and moderate scoliosis. There was tenderness to palpation with guarding right greater than left. Kemp's test was positive. Straight leg raise test was positive. The plan of care included medical branch blocks and follow up care. Authorization was requested for right L2-3 transforaminal epidural steroid injection x 2 and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 right L2-L3 transforaminal epidural steroid injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the patient has decreased sensation of L2 and L3, but there was no documented corroboration by imaging or electrodiagnostic studies. Criteria for epidural steroid injections have not been met. The request is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used it there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/ aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/ aberrant behavior should be tested as often as once per month. In this case the patient had urine drug testing in September 2014. Urine drug testing is indicated annually because the patient is not exhibiting addiction/aberrant behavior. Urine drug testing is not indicated until September 2015. The request is not medically necessary.