MAXIMUS Federal Services

Case Number:	CM15-0055769		
Date Assigned:	04/01/2015	Date of Injury:	04/26/2002
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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: California
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 61 year old male, who sustained an industrial injury on April 26, 2002. The injured worker reported neck pain due to motor vehicle accident (MVA). The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis and long term use of medication. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and medication. A progress note dated March 11, 2015 provides the injured worker complains of constant neck and back pain described as sharp, shooting and aching with numbness, tingling and weakness in the left leg. The pain is rated 5/10 on average and 10/10 at its worst. Physical exam notes cervical and lumbar tenderness with decreased range of motion (ROM) and radicular pain. The plan includes injection, lab work and topical and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection under fluoroscopic guidance L3/4, L4/5: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 46) indicates that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The treating physician's progress report dated 3/11/15 documented radicular pain. Radiculopathy was demonstrated on physical examination. MRI magnetic resonance imaging of the lumbar spine dated July 2014 demonstrated abnormal findings. Radicular pain, physical examination findings, and MRI findings were documented on the 3/11/15 treating physician's progress report, which supports the request for lumbar epidural steroid injections. Therefore, the request for a left L3-4 and L4-5 epidural steroid injection is medically necessary.

Retro: urine toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/pain.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The treating physician's progress report dated 3/11/15 documented the prescription of Norco 10/325 mg, which contains the opioid Hydrocodone. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for urine toxicology is medically necessary.