

Case Number:	CM15-0080787		
Date Assigned:	05/01/2015	Date of Injury:	01/14/1984
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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 67-year-old male, who sustained an industrial injury on 1/14/84. The diagnoses have included displacement of intervertebral disc without myelopathy, brachial neuritis, lumbar post laminectomy syndrome, and disorder of trunk. Treatment to date has included medications, activity modifications, epidural steroid injection (ESI), surgery, diagnostics, physical therapy and home exercise program (HEP). The diagnostic testing that was performed included computerized axial tomography (CT scan) scan of the lumbar spine. Currently, as per the physician pain management re-evaluation report dated 2/26/15, the injured worker complains of severe pain in the bilateral lower back and both lower extremities. The pain is described as cramping, aching, shooting and stabbing and the cramping has worsened. He states that his gait is also affected. He reports that the neck symptoms are returning and that the epidural steroid injection (ESI) performed about six months ago was quite beneficial. Additionally, he reports pain in the thoracic region/upper back due to a fall in late December when he fell backwards on the ground and states that the pain is severe that he has been essentially bedridden for the last few months. The urine drug screen dated 10/9/14 was consistent with medications prescribed. The physician requested treatments included a Urine drug screen, Bilateral SI epidural steroid injection, and Plavix 75mg #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than 30 years status post work-related injury and continues to be treated for chronic radiating low back pain. Urine drug screening was done in July and October 2014. When seen, there had been worsening symptoms after a fall. He was having bilateral lower extremity radiating symptoms. A prior epidural steroid injection 6 months before had been helpful and he wanted to repeat the procedure. He was trying to avoid surgery. Plavix was requested with the rationale given that the claimant was currently taking Coumadin. There was decreased range of motion and lower extremity strength and reflexes. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies on the previous urine drug test results that would be inconsistent with the claimant's known medications. Therefore, this request for urine drug screening less than one year after the previous testing was not medically necessary.

Bilateral SI epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 30 years status post work-related injury and continues to be treated for chronic radiating low back pain. Urine drug screening was done in July and October 2014. When seen, there had been worsening symptoms after a fall. He was having bilateral lower extremity radiating symptoms. A prior epidural steroid injection 6 months before had been helpful and he wanted to repeat the procedure. He was trying to avoid surgery. Plavix was requested with the rationale given that the claimant was currently taking Coumadin. There was decreased range of motion and lower extremity strength and reflexes. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, an epidural steroid injection 6 months before had been of benefit and the claimant was having an exacerbation of symptoms after a fall. The requested epidural injection is within applicable guidelines and therefore is medically necessary.

Plavix 75mg #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's drug consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Douketis JD, et al. Low-molecular-weight heparin as bridging anticoagulation during interruption of warfarin: assessment of a standardized periprocedural anticoagulant regimen. Arch Intern Med June 28, 2004;164:1319-26.

Decision rationale: The claimant is more than 30 years status post work-related injury and continues to be treated for chronic radiating low back pain. Urine drug screening was done in July and October 2014. When seen, there had been worsening symptoms after a fall. He was having bilateral lower extremity radiating symptoms. A prior epidural steroid injection 6 months before had been helpful and he wanted to repeat the procedure. He was trying to avoid surgery. Plavix was requested with the rationale given that the claimant was currently taking Coumadin. There was decreased range of motion and lower extremity strength and reflexes. Plavix is being requested as an alternative to Coumadin in preparation for a lumbar epidural steroid injection. Proper bridge anticoagulation would be to use low molecular weight heparin. Starting Plavix for the intended purpose would be contraindicated. The request is not medically necessary.