MAXIMUS Federal Services

Case Number:	CM15-0084548		
Date Assigned:	05/06/2015	Date of Injury:	11/15/2005
Decision Date:	06/05/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female who sustained an industrial injury on 11/15/05 involving her back. She was diagnosed with a back sprain and was treated with pain medications, multiple spinal injections, physical therapy, acupuncture, chiropractic treatments and a transcutaneous electrical nerve stimulator unit. She currently complains of pain in the back, left leg numbness and weakness. There are spasms of the lumbar paraspinal muscles. Her pain level on a good day is 3/10, on a bad day is 9/10 and averages 5/10. She takes gabapentin, naproxen, omeprazole and Fexmid. Diagnoses include left lumbosacral radiculopathy; lumbar disc disease with chronic pain; sciatica with chronic pain. Treatments include left L4 transforaminal epidural steroid injection (approximately in 2/15) giving her 50% relief and lasting two months; medications; psychological evaluation. She had an MRI of the lumbar spine (3/3/14) showing annular bulge; electromyography/ nerve conduction study (3/12/14) showing evidence of left L5-S1 radiculopathy. On 4/7/15 the treating provider requested lumbar L4, L5, S1 epidural steroid injection; urine drug screen and acupuncture twice per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4, L5, S1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: Left L4, L5, S1 epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that no more than two nerve root levels should be injected using transforaminal blocks. The MTUS states that no more than one interlaminar level should be injected at one session. The request exceeds the recommended number of recommended injections per sessions by the MTUS therefore this request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

Decision rationale: Urine drug screen is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that urine drug screen is recommended as an option while a patient is on opioids to assess for the use or the presence of illegal drugs. The ODG states that patients at "low risk" of addiction/aberrant behavior on opioids should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation does not indicate evidence of aberrant behavior or that the patient is taking opioids therefore the urine drug screen is not medically necessary.

Acupuncture 2x4 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 2x4 for the low back is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that the patient has had prior acupuncture. It is unclear of the efficacy from this prior acupuncture. The request for additional acupuncture is not medically necessary.