

<b>Case Number:</b>	CM15-0087597		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, low back, and knee pain reportedly associated with an industrial injury of November 5, 2012. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve requests for cervical epidural injections, lumbar epidural injections, and urine toxicology screening. The claims administrator referenced a February 20, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 3, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck, low back, and elbow pain. The attending provider seemingly reiterated his request for previously proposed cervical and lumbar epidural steroid injection. A rather proscriptive 5-pound lifting limitation was renewed, seemingly resulting in the applicant's removal from the workplace. The applicant's medication list seemingly included Pamelor and Norco. Large portions of the note were difficult to follow and not altogether legible. It was not clearly established whether the applicant had or had not had previous epidural steroid injections or not. On January 15, 2014, the applicant underwent a herniorrhaphy surgery. On March 5, 2015, it was again acknowledged that the applicant was not working. The attending provider stated that both cervical and lumbar epidural steroid injection therapy were pending. 6-7/10 pain complaints were reported. The applicant was using Norco, Flector, and Pamelor, it was suggested. On February 20, 2015, the applicant's pain management physician proposed both cervical and lumbar epidural steroid injections (plural), noting the applicant's persistent radicular pain complaints, which had apparently proven recalcitrant to time, medications, physical therapy,

and manipulative therapy. Norco was continued. The applicant was asked to pursue a traction device. Pain complaints as high as 8/10 was reported. There was some mention of paresthesias about the upper and lower extremities in various sections of the note. It was not, however, stated whether the applicant had or had not had previous epidural steroid injection therapy or not. The applicant apparently received drug testing on March 10, 2015, results of which were not clearly reported. On January 23, 2015, the applicant, once again, received drug testing. Confirmatory and quantitative testing's were performed on numerous opioid, benzodiazepine, and anticonvulsant metabolites.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right C4-C5 and bilateral C5-C6 transfacet epidural injections (ESI): Upheld**

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

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

**Decision rationale:** No, the request for C4-C5 and C5-C6 cervical epidural injections was not medically necessary, medically appropriate, or indicated here. The attending provider's progress note of February 20, 2015 indicated that he was intent on pursuing multiple cervical epidural steroid injections. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. The request for multiple or consecutive epidural steroid injections, thus, runs counter to MTUS principles and parameters and does not contain a proviso to re-evaluate the applicant between each injection so as to ensure a favorable response to the same before moving forward with repeat injections. Therefore, the request was not medically necessary.

#### **Bilateral L4-5 and L5-S1 transforaminal epidural injections: Upheld**

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

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

**Decision rationale:** Similarly, the request for bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections (plural) was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electro diagnostically confirmed, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that pursuit of repeat injections should be predicated on evidence of lasting analgesia and

functional improvement with earlier blocks. The request for multiple/consecutive/plural lumbar epidural steroid injections, thus, runs counter to MTUS principles and parameters as it does not contain a proviso to reevaluate the applicant between each injection to ensure a favorable response to the same before moving forward with repeat blocks. Therefore, the request was not medically necessary.

**Urine toxicology screening:** 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 Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for urine toxicology screening (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, attach an applicant's complete medication list to the request for testing, and attempt to categorize an applicant into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state why the applicant needed such frequent drug testing. The applicant seemingly received drug testing on January 12, 2015 and March 10, 2015. Confirmatory and quantitative testing was performed on January 22, 2015, despite the unfavorable ODG position on the same. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.