

<b>Case Number:</b>	CM15-0087891		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<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: California

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 51 year old female, who sustained an industrial injury on 12/21/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, cervical sprain, cervicogenic headache, insomnia, and cervical degenerative disc disease. Treatment and diagnostic studies to date has included a home exercise program and a medication regimen. In a progress note dated 03/23/2015 the treating physician reports complaints of lower back pain that is rated an 8 on a scale of 0 to 10 without medication and a 5 with medication. The treating physician also noted that the injured worker is able to be functional and accomplish activities of daily living with current medication regimen. The examination was revealing for slight rigidity at the right trapezius and interscapular area on deep palpation with tenderness on the right side of the cervical paravertebral, trapezius, and upper part of the thoracic paravertebral muscles. The treating physician requested a lumbar epidural steroid injection at lumbar four to five and lumbar five to sacral one noting that the injured worker has lumbar radiculitis secondary to disc herniation and that the injured worker may have residual permanent disabilities. The treating physician further noted that the injured worker is a possible surgical candidate and would need a series of epidural injections to decrease the pain so the injured worker is able to participate in therapy to avoid surgery. The treating physician also requested outpatient urine drug screens two times a year only if the injured worker is placed on a controlled medication, but the medical records provided did not contain documentation of a medication regimen that included a controlled medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Urine Drug Screen 2 Times A Year only if Put on Controlled Medicine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 76-79.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. The submitted documentation does not indicate the patient is currently taking any controlled substance or documentation of clear plan to be started on controlled substance. Given this, this request is not medically necessary.

**Lumbar Epidural Steroid Injection at L4-5 and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 26, 46.

**Decision rationale:** Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are objective examination findings suggesting a diagnosis of radiculopathy, including positive right sided straight leg raise, reduced motor strength of bilateral lower extremities, right greater than the left, and reduction of bilateral knee. However, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.