

Case Number:	CM14-0111382		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2010
Decision Date:	09/30/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 04/23/2010 after a fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, activity modifications, physical therapy, and an epidural steroid injection. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker underwent a urine drug screen on 01/29/2014. The injured worker underwent an epidural steroid injection on 04/21/2014. The injured worker's most recent clinical evaluation was dated 04/24/2014. The injured worker complained of pain and tenderness of the low back and right knee. Physical findings included tenderness to palpation of the paravertebral musculature of the lumbar spine with a positive straight leg raising test and decreased sensation to the right L5 dermatomal distribution. A request was made for a second right L3-4 and L4-5 transforaminal epidural steroid injection. No justification was provided for the request. No Request for Authorization Form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second right L3-L4 and L4-L5 transforaminal epidural steroid injection: 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 Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule recommends that repeat injections be based on at least 50% improvement in pain levels with increased functionality for approximately 4 to 6 weeks from the initial injection. The clinical documentation submitted for review does indicate that the injured worker underwent an epidural steroid injection at the L3-4 and L4-5 on 04/21/2014. The clinical documentation submitted for review does not provide an adequate assessment of pain relief or increased functionality for approximately 4 to 6 weeks following the injection. Therefore, the determination of an additional injection cannot be made. As such, the requested second right L3-4 and L4-5 transforaminal epidural steroid injection is not medically necessary or appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends urine drug screens for patients who are on chronic opioid therapy or at risk for illicit drug use. The clinical documentation submitted for review does indicate that the injured worker is monitored with urine drug screens. The injured worker's most recent clinical documentation does not provide a risk stratification to support the injured worker is at high risk requiring a urine drug screen. There is no documentation of symptoms related to overuse or underuse that would support the suspicion of aberrant behavior. As such, the requested urine drug screen is not medically necessary or appropriate.