MAXIMUS Federal Services

Case Number:	CM14-0131163		
Date Assigned:	08/20/2014	Date of Injury:	09/12/1996
Decision Date:	09/25/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/15/2014

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 and Rehabilitation 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 patient is a 78-year-old injured worker who sustained an injury on 9/12/96. The patient has multiple diagnoses including right L4 and right L5-S1 radiculopathies, chronic bilateral C6 and bilateral C7 radiculopathies by EMG, multiple cervical disc protrusions with central stenosis, severe left C7 foraminal stenosis, multiple lumbar protrusions, and bilateral severe lumbar foraminal stenosis at L3, L4, and L5, worse on the right. On her recent follow-up visit on 7/23/14, she reported aggravated right lower extremity radicular symptoms. Medications include Norco, simvastatin, Lisinopril, metformin, and naproxen. On musculoskeletal examination, the patient had normal strength in all limbs except 4+/5 in the right extensor halluces longus, tibialis anterior, gastroc and quadriceps. The patient had reduced sensation in the left L4 dermatome. Acupuncture was recommended. Repeat L4-L5 and right L5-S1 epidural injection was requested. It was emphasized that a prior injection on 4/42013 provided 80% relief of the right lower extremity radicular symptoms for a period of 15 months. The request for repeating fluoroscopically guided right L4-l5 and right L5-S1 (lower back) transforaminal epidural steroid injection x 1 as an outpatient and Retrospective for 07/23/2014 in-office random 12-panel urine drug screen was denied on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat fluoroscopically guided right L4-L5 and right L5-S1 (lower back) transforaminal epidural steroid injection x 1 as an out-patient: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI (Epidural Steroid Injections) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no imaging evidence of nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy for a reasonable period of time (i.e. physical therapy progress notes documenting the objective measurements). Therefore, this request is not medically necessary.

Retrospective for 07/23/2014 in-office random 12-panel urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th edition (web), 2013, Treatment in Workers Compensation, Pain Chapter.

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.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, 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, this IW has chronic pain and has been taking Norco. According to the provider's note, she had urine drug screen in Dec. 2013. There is no evidence of non- compliance or addiction / aberrant behavior to necessitate frequent urine drug test. Therefore, a repeat urine drug test within 6-7 month is not medically necessary as per guidelines; yearly urine drug test is appropriate and recommended in low risk group. Thus, the request for repeat urine drug screen within 6-7 months period is not medically necessary.