

Case Number:	CM14-0185808		
Date Assigned:	11/13/2014	Date of Injury:	02/23/2011
Decision Date:	12/22/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/07/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50 year old man who sustained a work-related injury on February 23, 2011. Subsequently, he developed chronic back pain. According to a progress report dated on September 16, 2014, the patient continued to have chronic low back pain with severe vertigo caused by the use of narcotics. The patient pain severity was the rated 8/10. The pain is exacerbated by working sitting and all the movements. The patient physical examination demonstrated muscle atrophy of the right hamstrings, muscle spasm and positive SLR test. The patient was treated with pain medications and lumbar epidural steroid injections without full pain control. The patient was diagnosed with the chronic low back pain and myofascial pain. The provider requested authorization for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Epidural Steroid Injection L5 (under Fluoroscopy) (need Pain Specialist to give feedback): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection ESIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy. There is no documentation of the efficacy of previous use of ESI. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, Right Lumbar Epidural Steroid Injection L5 (under Fluoroscopy) (need Pain Specialist to give feedback) is not medically necessary.

Retro Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting Urine Drug Screen (UDS) test. Therefore, the Urine Toxicology screen is not medically necessary.