

Case Number:	CM14-0073167		
Date Assigned:	07/16/2014	Date of Injury:	05/31/2012
Decision Date:	01/20/2015	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/20/2014

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 Interventional Spine 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 51 year old male with an injury date of 05/31/12. Only one progress report is provided dated 04/21/14. It is handwritten and largely illegible. Per this report the patient presents with lumbar spine, bilateral wrists, and bilateral knee pain rated 6/10. Objective findings are not legible. The patient's diagnoses include: 1. Other specified gastritis 2. Sprain/strain lumbosacral 3. Muscle spasm The utilization review being challenged is dated 05/10/14. The rationale regarding the Urine Drug Screen is that the patient is not currently taking medication as of 04/26/14, and is being weaned from Norco. No controlled substances are currently prescribed. Three reports were provided from 04/21/14 to 05/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral L4-L5 and L5-S1 epidural steroid injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with lumbar spine, bilateral knee and bilateral wrist pain rated 6/10. The treater requests for One Bilateral L4-L5 and L5-S1 Epidural Steroid Injection. The 05/10/14 utilization review states the report containing this request is dated 04/16/14. This report is not included for review. MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement. The utilization review states this request is certified and it is not clear why it has been submitted for Independent Medical Review. There is no legible evidence in the sole progress report provided from 04/21/14 that radicular pain is present in this patient and no imaging report/description are provided to confirm radiculopathy. In the absence of clearly stated evidence for radiculopathy, the request IS NOT medically necessary. The utilization review states this request is certified and it is not clear why it has been submitted for Independent Medical Review. There is no legible evidence in the sole progress report provided from 04/21/14 that radicular pain is present in this patient and no imaging report/description are provided to confirm radiculopathy. In the absence of clearly stated evidence for radiculopathy, the request IS NOT medically necessary.

Urine drug screen.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opiates, step tp avoid. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, including Prescribing Controlled Substances page 10, 32 and 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screening

Decision rationale: The patient presents with lumbar spine, bilateral knee and bilateral wrist pain rated 6/10. The treater requests for Urine Drug Screen. The 05/10/14 utilization review states the report containing this request is dated 04/16/14. This report is not included for review. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The reports provided have very limited information regarding this request. One hand written and largely illegible progress report dated 04/21/14 is provided. The only medications listed from what appears to be a portion of a 05/06/14 treatment plan shows that Cyclobenzaprine, Ibuprofen and Pantoprazole are refilled. A 04/21/14 supplemental report discusses a UDS collected 03/17/14 and reported 04/21/14. The report states "none detected" for all substances tested including opioids, anticonvulsants, antidepressants, barbiturates, and benzodiazepine. The treater's report states the drug analysis is to be used during the next scheduled appointment to determine if change in prescription drug therapy is warranted and is to assist in monitoring adherence to a drug treatment regimen. No conclusion of findings is provided in this report. In this case, there is no legible evidence in the reports provided that this patient is at risk as a user of opiates. The limited reports do not show

how many UDS's the patient has received. More importantly, the list of medication provided does not include an opiate. The request IS NOT medically necessary.