MAXIMUS Federal Services

Case Number:	CM15-0013875		
Date Assigned:	02/02/2015	Date of Injury:	04/18/2014
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 33 year old male who sustained an industrial injury on 04/08/2014. Diagnoses include facet arthropathy-lumbar, song-term high risk medication use, radiculopathy thoracic or lumbar, and spondylosis without myelopathy-lumbar. Treatment to date has included medications, chiropractic sessions, acupuncture, physical therapy and use of a Transcutaneous Electrical Nerve Stimulation TENS Unit). A physician progress note dated 11/26/2014 documents the injured worker complains of pain in the lower back bilaterally. His pain is constantly. His gait is slow and he walks with a stooped posture. The lumbar spine is painful with movement, and the paravertebral muscle reveal hyper tonicity, spasm, tenderness, tight muscle band and trigger point is noted on the right side. Straight leg raising test is positive on the right, greater on the left. Faber test is positive on the right greater than the left. Treatment requested is for interlaminar epidural injection at L5-S1, and Urine Toxicology Screen.On 12/27/2014 Utilization Review non-certified the request for interlaminar epidural injection at L5-S1, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 12/27/2014 Utilization Review non-certified the request for Urine Toxicology Screen, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Low back section, ESI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection at L5 - S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses are facet arthropathy, lumbar; long-term high risk medication use; radiculopathy, thoracic or lumbar; and spondylosis without myelopathy, lumbar. Subjectively, the injured worker does not offer any complaints compatible with radicular discomfort. Objectively, motor strength is normal. Sensory examination states pain sensation present over the anterior right thigh, right lower lumbar spine and right lower extremities right. This documentation is unclear as to whether it reflects a radiculopathy. MRI evaluation showed posterior disc bulges, facet courtesy and varying levels of bilateral terminal and central canal impingement at L3 - L4 and L5 - S1. The changes are most marked at the level of L4 -L5 with a 4.5mm central posterior disc bulge which impresses upon the thecal sac and cord slightly. The MRI findings do not corroborate with a lumbar radiculopathy clinically. Consequently, absent clinical documentation of lumbar radiculopathy with imaging to corroborate lumbar radiculopathy, epidural steroid injection at L5 - S1 is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug screen

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. 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, the injured worker's working diagnoses are facet arthropathy, lumbar; long-term high risk medication use; radiculopathy, thoracic or lumbar; and spondylosis without myelopathy, lumbar. Subjectively, the injured worker does not offer any complaints compatible with radicular discomfort. Objectively, motor strength is normal. Sensory examination states pain sensation present over the anterior right thigh, right lower lumbar spine and right lower extremities right. This documentation is unclear as to whether it reflects a radiculopathy. April 18, 2014 the injured worker stopped all of his medications. The pain management specialist documented a note stating the treating physician does not recommend long-term opiates for the use of chronic noncancerous pain control. The pain management specialist ordered urine drug screen. As noted above, the injured worker stopped all medications. There was no clinical indication or clinical rationale in the medical record for the urine drug screen. Additionally, the documentation does not state whether the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation to support a urine drug screen with a risk assessment, urine drug screen is not medically necessary.