

<b>Case Number:</b>	CM15-0014622		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/05/1993
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 an 81-year-old male who reported an injury on 05/05/1993. The mechanism of injury was not stated. The current diagnoses include low back pain, lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, spinal stenosis with neurogenic claudication, Parkinson's disease, and status post lumbar fusion. The current request is for the retrospective bilateral transforaminal epidural steroid injection on 08/16/2014. However, there was no physician progress report submitted on the requesting date. The injured worker presented on 07/07/2014 with complaints of persistent and low back pain. Upon examination of the lumbar spine, there was tenderness to palpation with moderately decreased range of motion and negative straight leg raising bilaterally. Recommendations at that time included a CT scan of the lumbar spine. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Transforaminal Epidural Steroid Injections (TFESI) L4-5, L5-S1 (DOS 8/16/14):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

**Decision rationale:** California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no physician progress report submitted on 08/16/2014. There is no objective evidence of lumbar radiculopathy. There is no documentation of a sensory or motor deficit in the L4-S1 dermatomal distributions. Given the above, the request is not medically appropriate at this time.

**UDT (retrospective DOS 8/6/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this patient falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.