

Case Number:	CM15-0119905		
Date Assigned:	06/30/2015	Date of Injury:	11/15/2010
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 59-year-old male who sustained an industrial injury on 11/15/2010. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbago and lumbar radiculopathy. Treatment to date has included chiropractic treatments, home exercise, and medications. MRI of the lumbar spine showed lumbar disc protrusion at L3-4, L4-5, and L5-S1. Currently, the injured worker complains of low back pain that radiates to the right leg and is increased with bending and activities like trying to get out of a car. He complains of numbness and tingling and occasionally has pain in the left shoulder. He gets numbness and spasms in both thighs. On examination, he has a positive straight leg raising test in the right leg and negative in the left leg. Facet loading tests were noted to be positive, producing low back pain. There was tenderness to palpation over the lumbar paraspinals and sacroiliac joint region. There is 7/10 pain without medications. He rarely takes medications, except at bedtime. A request for authorization is made for the following: 1. Gabapentin 300mg quantity 60, 2. Lumbar epidural steroid injection at L5-S1 with fluoroscopy, and 3. Urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1 with fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant has persistent pain with radicular findings on exam and disc bulging on MRI at L5-S1 that can explain symptoms. As a result, the request for an epidural injection is appropriate and is medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Steps to avoid misuse/addition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.