

Case Number:	CM15-0121462		
Date Assigned:	07/01/2015	Date of Injury:	10/20/2009
Decision Date:	08/14/2015	UR Denial Date:	06/08/2015
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: California

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 a 63-year-old male who sustained an industrial injury on 10/20/2009. Mechanism of injury occurred walking back to his truck, and strained his left knee. Diagnoses include degeneration of lumbar intervertebral disc with myelopathy, lumbar radiculopathy, lumbar sprain, insomnia and sleep disturbance. Treatment to date has included diagnostic studies, medications, and epidural steroid injections. A physician progress note dated 05/26/2015 documents the injured worker complains of continued low back pain that he rates as 5 out of 10. He feels continuous shooting knee pain and he rates as a 6 out of 10. He complains of loss of sleep due to pain. Lumbar spine range of motion is restricted. Straight leg raise causes pain bilaterally. Right knee extension 10-0 degrees and flexion is 120-140 degrees. The treatment plan includes Neurontin to reduce pain and muscle spasms, Acupuncture 12 sessions, and CMT and physiotherapy to increase strength, range of motion and to decrease pain. Treatment requested is for Lumbar 5-S1 ESI, and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Testing Page(s): 76-79.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is no documentation of prescription of controlled substances. There is no notation of when the last previous urine toxicology testing was done. No risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.

Lumbar 5-S1 ESI: Upheld

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

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

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, the patient does have positive straight leg raise bilaterally on exam performed on 3/24/2015 suggesting possible radiculopathy. There are no documentation of dermatomal abnormalities or abnormal lower extremity reflexes in the area of interest. A MRI of the lumbar spine was requested in 1/2015; however, this has not been completed yet. Given there is no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy, the currently requested lumbar epidural steroid injection is not medically necessary.