

Case Number:	CM15-0170725		
Date Assigned:	09/11/2015	Date of Injury:	09/04/2014
Decision Date:	10/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

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 51 year old male, who sustained an industrial injury on 9-04-2014. The injured worker was diagnosed as having low back pain, left lower extremity radiculopathy most likely in S1 distribution, myofascial pain syndrome primarily of the lumbar spine, insomnia type sleep disorder, depression, not otherwise specified, moderate, without psychotic features and without suicidal or homicidal ideation and contracting for safety, and a history of methamphetamine abuse and addiction, now in self-stated recovery with confirmation of absence of methamphetamine on urine drug testing. A history of lumbar spinal surgery was noted. Treatment to date has included diagnostics, physical therapy, transforaminal epidural injection, mental health, and medications. Electromyogram and nerve conduction studies (3-2015) were consistent with L5-S1 radiculopathy without active denervation. Magnetic resonance imaging of the lumbar spine (9-2014) was referenced but not submitted. Currently (5-07-2015), the injured worker reported that his spasm was somewhat reduced. It was noted that he was seen on an emergent basis (5-01-2015) and was diagnosed with iliopsoas spasm. He was not consistent with his home exercises in part due to his losing his home exercise program. It was noted that the patient reports "having approximately a two week benefit from an L5-S1 transforaminal epidural". His medication use included Orphenadrine ER, Trazadone, Lyrica, Lidoderm, and Hydrocodone. It was documented that he was not having any aberrant behaviors, with consistent urine drug testing and CURES (Controlled Substance Utilization Review and Evaluation System) report. A physical exam was not documented. The treatment plan at this time included a right L5-S1 transforaminal epidural steroid injection. A prior progress report (2-10-2015)

noted that a review of urine drug testing showed clear inconsistencies. Urine toxicology reports were not submitted. Operative report from prior epidural steroid injection was not submitted. The current treatment plan includes a one month rental of SoberLink device and an epidural steroid injection at left L4-S1, non-certified by the Utilization Review on 8-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month rental of SoberLink device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guideline for the Treatment of Patients With Substance Use Disorders Second Edition, 2005.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for low back pain with left lower extremity radicular symptoms. He has a remote history of an L4-5 laminectomy. He has a history of methamphetamine abuse. An MRI of the lumbar spine in September 2014 included findings of left lateralized scarring. Electrodiagnostic testing in March 2015 has shown findings of a chronic left S1 radiculopathy. A left lumbar epidural steroid injection at L5 and S1 in November 2014 is referenced as providing 25% pain relief lasting for 10 days. When seen, a second transforaminal epidural steroid injection was requested. The claimant has a family history of alcohol abuse and a SoberLink rental was requested. A SoberLink is a remote monitoring alcohol breathalyzer device. In this case, the claimant does not have a history of alcohol abuse and there are other treatments available for his substance use disorder. The requested rental is not medically necessary.

1 Epidural steroid injection at left L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for low back pain with left lower extremity radicular symptoms. He has a remote history of an L4-5 laminectomy. He has a history of methamphetamine abuse. An MRI of the lumbar spine in September 2014 included findings of left lateralized scarring. Electrodiagnostic testing in March 2015 has shown findings of a chronic left S1 radiculopathy. A left lumbar epidural steroid injection at L5 and S1 in November 2014 is referenced as providing 25% pain relief lasting for 10 days. When seen, there was decreased right lower extremity sensation. A second transforaminal epidural steroid injection was requested. In terms of lumbar epidural steroid

injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. In this case, the claimant had a partial response to the injection performed in November 2014. However, his current symptoms and right sided physical examination findings do not correlate with the left sided findings by imaging and recent electrodiagnostic testing. A second epidural steroid injection was not medically necessary.