

Case Number:	CM15-0177526		
Date Assigned:	09/17/2015	Date of Injury:	03/11/2015
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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

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 54 year old female, who sustained an industrial injury on March 11, 2015. She reported an injured to her neck, head, left knee and left ribs after a fall from a ladder. A urine drug screen was drawn on June 10, 2015, which revealed findings inconsistent with the injured worker's medication regimen. An MRI of the lumbar spine on June 25, 2015 revealed spondylitic changes and endplate sclerotic changes; at L4-5, a 1-2 mm broad-based posterior disc protrusion and facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing; at L5-S1, a 2-3 mm broad-based posterior disc protrusion resulting in left neural foraminal narrowing, canal stenosis and left exiting nerve root compromise. On July 31, 2015, the injured worker was evaluated and reported complaints of constant pain in the lower back. She rated her pain a 7-8 on a 10-point scale. Her lower back pain level at her previous evaluation on July 27, 2015 was 10 on a 10-point scale. She reported that the pain radiated into the left lower leg to the level of the heel and into the upper back. She had tenderness to palpation over the paravertebral muscles with spasm. She had positive straight leg raise. The injured worker had a decreased range of motion with flexion to 30 degrees, extension to 20 degrees and bilateral lateral bending to 20 degrees. On July 31, 2015, a urine drug screen was performed which revealed findings consistent with the injured worker's medication regimen. The injured worker was diagnosed as having lumbar radiculopathy and possible lumbar discogenic pain. Treatment to date has included pain medications, NSAIDS, and diagnostic imaging. A request for authorization for urine toxicology screen, range of motion testing of the lumbar spine, and lumbar epidural steroid injection at L5-S1 was received on August 4, 2015. On August 11, 2015,

the Utilization Review physician determined that urine toxicology screen, range of motion testing of the lumbar spine and lumbar epidural steroid injection at L5-S1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient range of motion testing to lumbar: 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): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: The current request is for OUTPATIENT RANGE OF MOTION TESTING TO LUMBAR. The RFA is dated 07/31/15. Treatment history includes chiropractic treatments, physical therapy, and medications. The patient is off work. MTUS guidelines, Functional Improvement Measures section, page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states: Recommended... The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Per report 07/31/15, the patient presents with constant pain in the lower back that radiated into the left lower leg to the heel. She had tenderness to palpation over the paravertebral muscles with spasms, positive straight leg raise and decreased ROM. The treater recommended a LESI on left L5-S1, HEP, medications and a UDS was performed. There is no rationale provided for the requested range of motion testing for the lumbar spine. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits, as such measurements can be easily obtained via clinical examination. The range of motion testing is not recommended as a separate billable service and it is unclear why the provider would seek reimbursement for what should be a routine component of the physical examination. Therefore, the request is not medically necessary.

Lumbar epidural steroid injection at L5-S1: Overturned

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 current request is for LUMBAR EPIDURAL STEROID INJECTION AT L5-S1. The RFA is dated 07/31/15. Treatment history includes chiropractic treatments, physical therapy, and medications. The patient is off work. MTUS, Epidural Steroid Injection Section, page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Per report 07/31/15, the patient presents with constant pain in the lower back that radiated into the left lower leg to the heel. She had tenderness to palpation over the paravertebral muscles with spasms, positive straight leg raise and decreased ROM. The treater recommended a LESI on left L5-S1, HEP, medications and a UDS was performed. MRI of the lumbar spine from June 25, 2015 revealed spondylitic changes and endplate sclerotic changes at L4-5, a 1-2 mm broad-based posterior disc protrusion and facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing, at L5-S1 there is a 2-3 mm broad-based posterior disc protrusion resulting in left neural foraminal narrowing, canal stenosis and left exiting nerve root compromise. There is no indication of prior ESI. In this case, given the patient's subjective complaints, positive exam findings, and MRI results, the requested ESI is reasonable and supported by MTUS. Therefore, the request is medically necessary.

Urine toxicology screen: Overtaken

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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The current request is for URINE TOXICOLOGY SCREEN. The RFA is dated 07/31/15. Treatment history includes chiropractic treatments, physical therapy, and medications. The patient is off work. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results... Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. Per report 07/31/15, the patient presents with constant pain in the lower back that radiated into the left lower leg to the heel. She had tenderness to palpation over the paravertebral muscles with spasms, positive straight leg raise and decreased ROM. The patient is prescribed Norco and Soma. The patient has a date of injury of March 11, 2015 and there is no indication of a UDS prior to the one administered on 07/31/15. ODG allows for once yearly screening for low risk patients. Given the patient is taking Norco, the urine screen performed on 07/31/15 is medically necessary.