

<b>Case Number:</b>	CM15-0024424		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 55-year-old male, with a reported date of injury of 04/10/2014. The diagnoses include low back pain syndrome, lumbar radiculitis, lumbar spondylosis without myelopathy, lumbar disc degeneration, and lumbar stenosis. Treatments have included epidural steroids, a lumbar MRI, and pain medications. The visit note dated 01/20/2015 indicates that the injured worker had low back pain that radiated down the bilateral legs. He rated his pain 7 out of 10. The injured worker admitted to taking his medications as prescribed. His level of function had decreased. An examination of the lumbar spine showed loss of normal lordosis with straightening of the lumbar spine, restricted range of motion with pain, spinous process tenderness on L4 and L5, positive lumbar facet loading on both sides, positive right straight leg raise test, and equal reflexes of the bilateral lower extremities. The treating physician requested a transforaminal lumbar epidural injection at the bilateral L3-L4, four random urine drug screens, and six office visits. The rationale for the request was not indicated. On 01/28/2015, Utilization Review (UR) denied the request for a transforaminal lumbar epidural injection at the bilateral L3-L4 and four random urine drug screens, and modified the request for six office visits. The UR physician noted that there was no documentation of the duration of percentage of improvement from previous epidurals; no documentation of provider concerns over the injured worker's use of illicit drugs or non-compliance with prescription medications; and no documentation of the dates of the previous drug screening over the past twelve months, nor what the results were and any potential related

actions taken. The MTUS Chronic Pain Guidelines and the MTUS ACOEM Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Transforaminal Lumbar Epidural Injection Site L3-L4 Bilaterally: Upheld**

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

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

**Decision rationale:** Regarding the request for epidural injection, 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, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for at least 6 as well as functional improvement from previous epidural injections. In the absence of such documentation, the currently requested epidural injection is not medically necessary.

#### **Urine Drug Screen-Random Qty 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

**Decision rationale:** Regarding the request for urine drug screens (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) 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. Within the documentation available for review, while there may be an indication for a single baseline UDS, there is no clear rationale for 4 urine drug screens as the medical necessity of each subsequent UDS will depend in part on the results of the prior UDS, time elapsed since that prior study, and the patient's risk stratification at that time. Unfortunately, there is no provision for modification of the current request to allow for a baseline UDS. In light of the above issues, the currently requested urine drug screens are not medically necessary.

## **6 Office Visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines; Second Edition, 2004, Chapter 7 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** Regarding the request for 6 office visits, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, a few office visits may be appropriate to monitor the patient's response to treatment and make necessary adjustments to the treatment plan. However, as with any form of medical treatment, there is a need for routine reevaluation and the need for 6 office visits cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits. In light of the above issues, the currently requested 6 office visits are not medically necessary.