

Case Number:	CM15-0062293		
Date Assigned:	04/08/2015	Date of Injury:	03/12/2012
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 12, 2012. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for epidural steroid injection therapy, a urinalysis, and hepatic function testing. Complete blood count and a basic metabolic panel, however, were approved, it was incidentally noted. The claims administrator referenced an RFA form, received on February 27, 2015, along with a progress note dated February 9, 2015 in its determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of low back pain. A repeat lumbar epidural steroid injection was proposed. The applicant did have residual lower extremity radicular pain complaints, it was acknowledged. 7/10 low back pain was reported. The applicant's work status was not detailed. The applicant's response to previous epidural steroid injection was likewise not detailed. On March 18, 2015, the applicant reported multifocal complaints of neck, low back, hand, and wrist pain with associated upper extremity paresthesias. On January 23, 2015, the attending provider stated that the applicant had received several prior epidural steroid injections, including in August 2014. A repeat epidural steroid injection was again endorsed. Once again, the applicant's medication list was not detailed. The attending provider did suggest that the applicant had benefited from the earlier procedure. In a progress note dated December 10, 2014, the attending provider acknowledged that the applicant was qualified injured worker and was no longer working. The applicant had apparently been given permanent work restrictions by a

medical-legal evaluator. Tramadol was endorsed. In a November 3, 2014 progress note, Naprosyn, Protonix, Flexeril, and Norco were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver function panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Yes, the proposed liver function panel was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs, includes CBC and chemistry profiles, include liver and renal function testing. Here, the applicant was in fact using Naprosyn, an anti-inflammatory medication. Assessment of the applicant's hepatic function to ensure that the same was compatible with previously prescribed medications was, thus, indicated. Therefore, the request was medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 43, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: The request in question was seemingly framed as a request for urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter urine drug testing topic, however, stipulates that an attending provider conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, also states that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, states that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, and also states that an attending provider attempt to categorize an applicant into higher- or lower- risk categories for which more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last tested. The applicant's medications list was not clearly attached to several progress notes, referenced above. It was not clearly stated whether the applicant was a higher- or lower- risk candidate for whom more or less frequent drug testing would have been indicated. The attending provider did not signal his intention to

conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. The attending provider likewise failed to signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Bilateral epidural steroid injections L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections Page(s): 46.

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

Decision rationale: The request was framed by the attending provider as a request for repeat epidural steroid injection therapy. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off work and had been deemed a qualified injured worker, the treating provider acknowledged. Permanent work restrictions were renewed, seemingly unchanged from visit to visit, the treating provider acknowledged. The applicant remained dependent on a variety of analgesic medications, including Norco, Naprosyn, tramadol, Flexeril, etc., despite receipt of earlier epidural steroid injections. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified numbers of epidural steroid injections. Therefore, the request was not medically necessary.