

Case Number:	CM15-0064238		
Date Assigned:	04/10/2015	Date of Injury:	02/20/2014
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/04/2015

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: 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 injured worker is a 51 year old female, who sustained an industrial injury on 02/02/2014. On provider visit dated 02/17/2015 the injured worker has reported low back pain. On examination of the lumbar spine she was noted to have diffused tenderness with spasm over the paravertebral musculature and moderate facet tenderness over the L4 to S1 levels. A positive sacroiliac tenderness, positive Fabere's test, positive Sacroiliac thrust test and positive Yeoman's test were noted. Range of motion of lumbar spine was noted to be decreased and sensation was noted to be decreased at L4 dermatome. The diagnoses have included lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome and right sacroiliac joint arthropathy. Treatment to date has included L4-L5 selective epidural catheterization, physical therapy, chiropractic manipulative therapy, home exercises, laboratory studies and medication. The provider requested random urine toxicology screen and second diagnostic L4-5 selective epidural catheterization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Patient underwent a urine drug screen in October of 2014 and was found to be compliant. Random urine toxicology screen is not medically necessary.

Second diagnostic L4-5 selective epidural catheterization: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. Second diagnostic L4-5 selective epidural catheterization is not medically necessary.