

Case Number:	CM15-0064999		
Date Assigned:	04/13/2015	Date of Injury:	01/01/1980
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 70-year-old male, who sustained an industrial/work injury on 1/1/80. He reported initial complaints of lumbar back pain. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, lumbar discogenic spine pain, lumbar facet arthropathy failed back surgery syndrome. Treatment to date has included medication and surgery (right shoulder, bilateral knee arthroplasty, cervical fusion, trigger finger x 4, bilateral carpal tunnel release, left hand/wrist fusion, and spinal surgeries). Currently, the injured worker complains of increasing back pain affecting sleep, right thigh and leg numbness with less effect of current medication for the symptoms. Per the primary physician's progress report (PR-2) on 3/24/15, the pain was reported at 6/10. Examination noted paraspinal fullness, positive bilateral sitting straight leg raise, hypolordotic posture, spasm in the bilateral lumbar region, and decrease in right lower extremity to light touch. The requested treatments include right L, L5, S1 Lumbar Transforaminal Epidural Steroid Injection x 2 with fluoroscopy, anesthesia with x-ray, ELQ Omeprazole, and Toxicology Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L, L5, S1 Lumbar Transforaminal Epidural Steroid Injection time 2 with fluoroscopy, anesthesia with x-ray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 46.

Decision rationale: CA MTUS guidelines state that epidural steroid injections are an option for the treatment of radicular pain with guidelines recommending no more than 2 epidural steroid injections to for diagnostic purposes. Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. Repeat epidural blocks should be used only when a 50 % reduction in pain accompanied by reduced medication usage for 6-8 weeks. A series (two or three) of injections is not indicated; each ESI should be evaluated based on present symptoms and response to prior ESI procedures. In this case, the request is for a series of two ESI procedures, which is specifically not indicated, based on guidelines. Epidural steroid injection x 2 is not medically indicated.

EQL Omeprazole 20mg #60 times 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does document history (age >65) to indicate a moderate or high risk for gastrointestinal events and omeprazole. Therefore, the request is medically necessary.

Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. CA MTUS do not mandate an exact frequency of urine drug testing with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with

recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, there is no approved opioid pain medication, which would require toxicology screening. There is no medical indication for urine drug screen and the original UR denial is upheld. The request is not medically necessary.