

Case Number:	CM15-0076228		
Date Assigned:	04/27/2015	Date of Injury:	03/30/2001
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52 year old female with an industrial injury dated March 30, 2001. The injured worker's diagnoses include post lumbar laminectomy syndrome and lumbar radiculopathy. Treatment consisted of Magnetic Resonance Imaging (MRI) of lumbar spine, Electromyography (EMG) /Nerve conduction velocity (NCV) of bilateral lower extremities, laboratory studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/01/2015, the injured worker reported back pain radiating from low back including posterior-lateral thigh and calf including the lateral bottom and dorsal aspect of the foot low back down bilateral legs. Objective findings revealed mild distress, moderate pain, antalgic slow gait, slight tenderness to palpitation of lumbar spine, restricted lumbar range of motion, positive lumbar facet loading, bilaterally, positive bilateral straight leg raises, decreased deep tendon reflexes and decreased sensory over right side L4 and L5 lower extremity dermatomes. The treating physician prescribed services for one caudal epidural with catheter and one urine toxicology screen now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Caudal epidural with catheter: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one caudal epidural steroid injection with catheter is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome and lumbar radiculopathy. According to a utilization review #112-5574 dated March 25, 2015, the utilization review physician determined a repeat caudal epidural steroid injection with catheter was not clinically indicated based on lack of evidence of true radiculopathy. The documentation from the prior injection subjectively showed a 75% improvement over three months following the epidural steroid injection administered on December 22, 2014. The documentation, however, does not support these findings. The documentation indicates prior to the injection, the injured worker's pain was 5/10 with medication and 10/10 without medication. Following the injection, the VAS pain score remained 5/10 with medication and 8/10 without medication. The activities of daily living (ADLs) between January 28, 2015 and April 1, 2015 remained unchanged as a consequence of the epidural steroid injection. Additionally, the injured worker had a follow-up examination on January 9, 2015 and admitted to an "increased loss of function" as a result of the recent injection. Some objections the documentation from an April 1, 2015 progress note shows the injured worker received approximately 13 epidural steroid injections from February 5, 2010 through December 22, 2014. There were no operative reports in the medical record. There is no additional documentation indicating objective functional improvement with any other prior epidural steroid injections. Electrodiagnostic studies performed on December 17, 2013 were read as overall normal bilateral lower extremity EMG/NCS. There is no electrodiagnostic evidence of lower extremity radiculopathy. Objectively, there was no motor deficit in the lower extremities. There was a decreased the pinprick over the L4-L5 lower extremity on the right. As noted above, although the injured worker had subjective relief of symptoms with the prior epidural steroid injection, there is no gross objective evidence of radiculopathy documented in medical record. Additionally, there is no corroboration by way of electrodiagnostic studies. Consequently, absent clinical documentation with objective evidence of radiculopathy (as required by the guidelines) with objective functional improvement (and increasing ADLs) with normal electrodiagnostic studies, one caudal epidural steroid injection with catheter is not medically necessary.

1 urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screenig Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are post lumbar laminectomy syndrome and lumbar radiculopathy. The documentation in the medical record shows prior approval for a urine drug toxicology screen certified through May 23, 2015. The urine drug screen for that date of service has not been performed. The treating provider is requesting an additional urine drug toxicology screen. There is no aberrant drug-related behavior, drug misuse or abuse. There is no risk assessment in the medical record indicating the injured worker is a low-risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation of a risk assessment, aberrant drug-related behavior, drug misuse or abuse, urine toxicology screen is not medically necessary.