

Case Number:	CM15-0096728		
Date Assigned:	05/27/2015	Date of Injury:	06/23/2006
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43-year-old female sustained an industrial injury to the back, neck and shoulder on 6/23/06. Previous treatment included magnetic resonance imaging, trigger point injections, epidural steroid injections and medications. Past medical history was significant for diabetes mellitus, hypertension and fibromyalgia. In a PR-2 dated 4/24/15, the injured worker reported that recent epidural steroid injection at L5-S1 (3/25/15) did not help much, with pain relief for two days before the pain returned. The injured worker also stated that she had a spinal headache for three days following the procedure. The injured worker stated that three prior epidural steroid injections had been helpful. Physical exam was remarkable for positive straight leg raise. Current diagnoses included low back pain, lumbar disc herniation and intractable, severe chronic pain. The physician recommended trying epidural steroid injection at L4-5 and noted that if epidural steroid injection didn't get her back on track, he may need to consider surgery. The treatment plan included continuing medications (Neurontin, Baclofen, Cymbalta and Nucynta ER) and requesting authorization for translaminar lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (4 times a year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, urine drug testing.

Decision rationale: This patient presents with chronic low back pain. The current request is for Urine drug screen (4 times a year). Previous treatment included magnetic resonance imaging, trigger point injections, epidural steroid injections and medications. The patient is not working. The MTUS Guidelines page 76 under opiate management: J. "consider the use of urine drug test is for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening for the first 6 months of management of chronic opiate use in low-risk patients. This patient is status post LESI at L5-S1 on 03/25/15 with little pain relief. The patient reported a "spinal headache" for 3 days following the injection. On 04/24/15, the physical examination revealed positive SLF, DTR 's were intact and ADF and APF were graded 5/5. The treater recommended repeat UDS and a Translaminar LESI at L4-5. In this case, the last UDS was on 10/14/14. MTUS allows for one yearly screening for low risk patients. There is no discussion regarding this patient being at risk for aberrant behaviors and thus the requested UDS 4 times per year is in excess of what is allowed by MTUS. The request IS NOT medically necessary.

Translaminar lumbar epidural steroid injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain. The current request is for Translaminar lumbar epidural steroid injection at L4-5. Previous treatment included magnetic resonance imaging, trigger point injections, epidural steroid injections and medications. The patient is not working. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. This patient is status post LESI at L5-S1 on 03/25/15 with little pain relief. The patient reported a "spinal headache" for 3 days following the injection. On 04/24/15, the physical examination revealed positive SLF, DTR's were intact and ADF and APF were graded 5/5. Last UDS was on 10/14/14. The treater

recommended repeat UDS and a Translaminar LESI at L4-5. In this case, there is no discussion of functional improvement or documentation of pain relief following the 03/25/15 LESI. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. The requested epidural steroid injection IS NOT medically necessary.