

<b>Case Number:</b>	CM15-0098124		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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  
Certification(s)/Specialty: Emergency 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 41-year-old female who sustained an industrial injury on 4/20/10. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome; status post left knee arthroscopy and right knee sprain/strain. Currently, the injured worker was with complaints of lower back pain with radiation to the lower extremities. Previous treatments included ice, elevation, medication management, physical therapy, knee brace and chiropractic treatments. Previous diagnostic studies included radiographic studies and magnetic resonance imaging. Physical examination was notable for tenderness to palpation over the lumbar paravertebral musculature, lumbar facet joints L4-S1 and mild right knee pain noted over the joint line. The plan of care was for an epidural steroid injection, a lumbosacral brace and urine toxicology screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 transforaminal epidural second injection x2:** 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 Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested Bilateral L5-S1 transforaminal epidural second injection x2 is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has lower back pain with radiation to the lower extremities. Previous treatments included ice, elevation, medication management, physical therapy, knee brace and chiropractic treatments. Previous diagnostic studies included radiographic studies and magnetic resonance imaging. Physical examination was notable for tenderness to palpation over the lumbar paravertebral musculature, lumbar facet joints L4-S1 and mild right knee pain noted over the joint line. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electro diagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Bilateral L5-S1 transforaminal epidural second injection x2 is not medically necessary.

**Urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids-drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, "Drug testing" 4 Page(s): 43.

**Decision rationale:** The requested Urine toxicology screening is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has lower back pain with radiation to the lower extremities. Previous treatments included ice, elevation, medication management, physical therapy, knee brace and chiropractic treatments. Previous diagnostic studies included radiographic studies and magnetic resonance imaging. Physical examination was notable for tenderness to palpation over the lumbar paravertebral musculature, lumbar facet joints L4-S1 and mild right knee pain noted over the joint line. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of neither the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine toxicology screening is not medically necessary.

**Lumbosacral orthotic brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Lumbosacral orthotic brace, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has lower back pain with radiation to the lower extremities. Previous treatments included ice, elevation, medication management, physical therapy, knee brace and chiropractic treatments. Previous diagnostic studies included radiographic studies and magnetic resonance imaging. Physical examination was notable for tenderness to palpation over the lumbar paravertebral musculature, lumbar facet joints L4-S1 and mild right knee pain noted over the joint line. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbosacral orthotic brace is not medically necessary.