

Case Number:	CM15-0099430		
Date Assigned:	06/01/2015	Date of Injury:	01/30/2001
Decision Date:	07/03/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/22/2015

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:

The injured worker is a 62-year-old female, who sustained an industrial injury on 1/30/2001. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic low back pain, lumbar degenerative disc disease, lumbar spondylosis and hypertension. Lumbar magnetic resonance imaging showed lumbar stenosis. Recent treatment has included medication management. In a progress note dated 5/5/2015, the injured worker complains of low back pain rated 6/10 and pain that radiates down the right leg. Medications include Norco and Gabapentin. Physical examination showed lumbosacral tenderness with increased pain with left and right lateral flexion and extension. The treating physician is requesting right lumbar 4-5 transforaminal epidural steroid injection and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 transforaminal epidural steroid injection: 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 ESI
Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for a RIGHT L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI). RFA is dated on 05/22/15. Regarding work status, the patient is currently working as a RN. Per 05/05/15 progress report, the patient has worsening pain in the right buttock, radiating around to the lateral right hip and then down the right leg through the lateral thigh. Physical examination shows tenderness over the right side of L4-5 and L5-S1. Facet loading maneuvers are positive. Pain is increased with left and right lateral flexion and extension. The patient has previously failed physical therapy, on-going home exercise program, and NSAIDs to control her pain. The 05/04/15 MRI of the lumbar spine revealed the following: 1) grade 1 anterolisthesis of L3 over L4 and L4 over L5. 2) annular bulging, bilateral facet/ligamentum flavum hypertrophy at L3-4 and L4-5, worse on the right side. 3) annular bulging at L2-3 and L5-S1 without canal stenosis or foraminal narrowing. MTUS pages 46 and 47 states that Epidural Steroid Injections (ESI) are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. 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." In this case, the treater does not explain why ESI at right L4 -5 is being requested other than the statement given her pain with walking and standing. The review of reports does not show prior injections at the levels currently being requested. The patient appears to demonstrate evidence of radicular pain confirmed by subjective complaints and physical examinations. However, the 05/04/15 MRI of the lumbar spine does not show any pathologies consistent with potential nerve root lesion. In the absence of a clear dermatomal distribution of pain corroborated by imaging, ESI is not indicated. The requested lumbar spine epidural steroid injection IS NOT medically reasonable.

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for URINE TOXICOLOGY SCREEN. RFA is dated on 05/22/15. Regarding work status, the patient is currently working as a RN. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the 05/05/15 progress report indicates that the patient has been on Norco and the patient is a low opiate risk. While periodic UDS's are recommended as part of opiate

management, for low risk, once a year UDS is all that is recommended per ODG. Review of the reports shows that the patient's last UDS was on 11/14/14 and none other. Since a UDS is allowed once a year for opiate management, the request IS medically necessary.