

<b>Case Number:</b>	CM13-0035520		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of April 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report dated September 25, 2013, the claims administrator partially certified a urine drug screen as a 10-panel random qualitative drug screen with confirmatory laboratory testing performed only on inconsistent results, denied followup visits, denied local injection at C7 and T1-T2, denied an SI joint block, and denied a pain management referral. The claims administrator invoked non-MTUS ODG Guidelines to deny the pain management followup visits. The claims administrator also invoked non-MTUS ODG Guidelines to deny the office visits despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. An August 20, 2013, progress note was notable for comments that the applicant had persistent complaints of neck, mid back, and low back pain. The primary treating provider stated that he was endorsing a request from a medical-legal evaluator to try local injections at C7 and T1-T2 along with an SI joint injection, as well as possible epidural injections. The primary treating provider stated that he was essentially incorporating the medical-legal evaluator's recommendations. The applicant was status post two earlier epidural steroid injections, it was further noted. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. The applicant's primary treating provider was a chiropractor, it is incidentally noted. In a progress note dated August 24, 2013, the applicant was given refills of Norco, Soma, omeprazole, several topical compounds, and also asked to obtain urine drug testing.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **URINE TOXICOLOGY SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Test Topic.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing Topic, an attending provider should clearly state when the applicant was last tested, attach the applicant's complete medication list with the request for authorization for testing, and clearly state which drug testing and/or drug panels he is testing for. In this case, however, none of the aforementioned criteria were met. The requesting provider did not clearly attach the applicant's entire medication list with the request for authorization. The attending provider did not state when the applicant was last tested. The attending provider did not state which drug testing and/or drug panels he was testing for and/or why. Since several criteria for drug testing were not met, the request is not medically necessary.

### **FOLLOW-UP VISITS WITH [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of followup visits should be dictated by an applicant's work status. In this case, the applicant does not appear to be working. More frequent followup visits may therefore be indicated. It is further noted that the applicant's primary treating provider (PTP) is a chiropractor who is not licensed to prescribe medications. The applicant is using multiple analgesic medications. Obtaining followup visits with a medical doctor (MD) who is licensed to prescribe medications is indicated, for all the stated reasons. Therefore, the request is medically necessary.

### **LOCAL BLOCK INJECTION AT THE TIP OF C7 AND T1-2 WITH CORTISONE AND XYLOCAINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, pages 174 and 175, invasive techniques such as the injections being sought here have "no proven benefit" in treating neck and upper back complaints, as are present here. It is further noted that the attending provider has not clearly articulated or defined precisely what form of injection is being sought here. It is further noted that there is considerable lack of diagnostic clarity. It is not clearly stated what the operating diagnosis is insofar as the cervical and/or thoracic spines are concerned. The attending provider has postulated various diagnoses, including chronic neck pain, chronic low back pain, lumbar radiculopathy, SI joint pain, etc. Therefore, the request is not medically necessary both owing to the considerable lack of diagnostic clarity as well as owing to the tepid-to-unfavorable ACOEM recommendation.

**RIGHT SI JOINT BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Hip and Pelvis Chapter Procedure Summary.

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

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, SI joint blocks are not indicated for chronic nonspecific low back pain, as is present here. Rather, SI joints blocks are recommended as a treatment option for applicants with rheumatologically proven spondyloarthropathy involving the SI joints, such as, for instance, an HLA positive B27 spondyloarthropathy. In this case, however, the applicant has chronic nonspecific low back pain. The applicant has, furthermore, has received multiple epidural steroid injections for what has been described as radicular low back pain. There is, thus, a considerable lack of diagnostic clarity here. Therefore, the request is not indicated both owing to the considerable lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation. Accordingly, the request is not medically necessary.

**REFERRAL TO A PAIN MANAGEMENT SPECIALIST:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is seemingly off work. The applicant has multifocal pain complaints which are proven recalcitrant to multiple oral and topical medications. Obtaining the added expertise of a physician specializing in chronic pain is therefore indicated. Accordingly, the request is medically necessary.