

Case Number:	CM13-0056792		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2011
Decision Date:	08/20/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/22/2013

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 low back and neck pain reportedly associated with an industrial injury of July 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar radiofrequency ablation procedure; and work restrictions. In a Utilization Review Report dated November 8, 2013, the claims administrator apparently denied a request for fluoroscopically guided right C2-C3 and C4-C5 facet joint medial branch block. Non-MTUS ODG Guidelines were exclusively invoked. The claims administrator stated that the applicant was status post multilevel facet blocks on September 19, 2012. The claims administrator stated that the request had been initiated by the applicant's medical-legal evaluator as opposed to her QME. The applicant's attorney subsequently appealed. A November 19, 2013 progress note was notable for comments that the applicant had presented to appeal a denial of the urine drug screen and facet joint block procedure. The applicant was using Elavil, Lidoderm, Bystolic, Norco, Voltaren, and verapamil, it was stated. The applicant presented with bilateral neck pain, exacerbated by twisting activities. Tenderness about the lumbar and cervical facet joints and paraspinal muscles was appreciated, with pain and limited range of motion. 5/5 bilateral upper and bilateral lower extremity strength was appreciated. The attending provider sought authorization for multilevel cervical facet blocks. The attending provider stated that he was appealing the decision to deny the urine drug screen as this would represent the applicant's third drug screen of 2013. The attending provider stated that the applicant was at "moderate risk," given her long-term opioid usage. Hydrocodone was discontinued. The applicant was asked to begin Ultracet. The applicant was apparently working full-time modified work, it was further suggested. The attending provider did state that the applicant had comorbidities including hypertension, migraines, and Chiari malformation. The attending provider stated that the

applicant had not had previous cervical facet blocks and the previous facet injections were done for the lumbar spine, a separate body part. In a separate Utilization Review Report also dated November 6, 2013, the claims administrator denied a urine drug screen. Portions of the UR denial were truncated. The remainder of the file was surveyed. At no point was it clearly identified what items comprise the 12-panel urine drug screen in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT C2-C3, C4-C5 MEDIAL BRANCH BLOCK;; Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES- LOW BACK CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, the overall ACOEM position on facet joint injections, including the diagnostic medial branch blocks proposed here, is "not recommended." However, ACOEM Chapter 8, ACOEM 174 does support some limited role, based on limited evidence, for radiofrequency neurotomy procedures in reducing cervical facet pain amongst the applicants who have had a positive response to [diagnostic] facet injections. In this case, the attending provider has seemingly established that the applicant's neck pain is facetogenic in nature. The applicant has neck pain exacerbated by rotation and twisting motions. The applicant does not have any superimposed radicular complaints. The applicant, moreover, appears to be intact on using these injections alongside a program of functional restoration, as evinced by her already successful return to work as a parking officer for [REDACTED]. Pursuing a trial, diagnostic, facet injection at the levels in question is therefore indicated. Accordingly, the request is medically necessary.

TOXICOLOGY-URINE DRUG SCREEN IN-OFFICE RANDOM 12-PANEL DATE OF SERVICES 10/22/2013 QUANTITY: 1: 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, ODG Chronic Pain Chapter, Urine Drug Testing topic Page(s): 43.

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 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 which drug testing and/or drug panels he intends to test for and, furthermore, attempt to

conform to the best practices of the United States Department of Transportation (DOT) as representing the most legally defensible means of performing testing. In this case, however, the attending provider did not state what drug panels and/or drug tests were being selected here. The attending provider did not state what articles comprised the 12-panel drug screen in question. The attending provider did not state whether this panel included confirmatory and/or quantitative drug testing, which ODG notes is typically not recommended outside of the emergency department drug overdose context. For all the stated reasons, then, the request was not medically necessary.