

Case Number:	CM13-0061123		
Date Assigned:	12/30/2013	Date of Injury:	07/22/2013
Decision Date:	03/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 neck and low back pain reportedly associated with cumulative trauma (CT) at work first claimed on July 22, 2013. 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 extensive periods of time off of work. In a Utilization Review Report of November 5, 2013, the claims administrator partially certified a request for eight sessions of physical therapy at six sessions of physical therapy, denied a request for multilevel facet blocks, certified a neuropsychiatric consultation, certified a request for tramadol, certified a pain management consultation, certified a follow-up visit, denied a urine drug screen, and denied multilevel facet joint block procedures. The applicant's attorney subsequently appealed. In a progress note of October 22, 2013, the applicant is described as having completed 24 prior sessions of physical therapy. The applicant reports persistent headaches, neck pain, mid back pain, and low back pain. His pain ranges from 5/10 at rest to 9/10 with activity. The applicant is apparently given a prescription for tramadol in the clinic. The applicant is a former police sergeant. The applicant has a BMI of 27. Tenderness and spasm are appreciated about the cervical paraspinal musculature with limited cervical range of motion noted. Decreased C6 dermatome sensorium is noted bilaterally. The applicant does state that neck pain radiates to his left hand and digits. He has numbness, tingling, paresthesias about the hand and digits, he acknowledges. The applicant is given a 45-pound lifting limitation. It is suggested that the applicant's employer is unable to accommodate said limitation. In addition to a prescription for tramadol, the attending provider states that the applicant should obtain diagnostic cervical facet blocks followed by radiofrequency ablation procedures if successful. Additional physical therapy is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PT SESSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

Decision rationale: Per the attending provider, the applicant has already had prior treatment (24 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, interval demonstration of functional improvement is necessary at various milestones in a functional restoration program so as to justify continued treatment. In this case, the applicant has clearly failed to demonstrate any evidence of functional improvement to date despite having completed physical therapy treatment well in excess of the guideline. The applicant has seemingly failed to return to work. The applicant remains highly reliant on various medical treatments, injections, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior physical therapy treatment well in excess of the guideline. Therefore, the request for additional physical therapy treatment is not certified, on Independent Medical Review.

FACET JOINT BLOCK AT C3-C6: 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)

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

Decision rationale: : The request appears to represent a form of diagnostic facet joint block. However, the overall ACOEM recommendation on facet joint diagnostic blocks in Chapter 8, Table 8-8, page 181 is "not recommended." In this case, it is further noted that the applicant appears to have some radicular component to his symptoms with numbness, tingling, and paresthesias appreciated about the hands and digits. The applicant is dropping articles, it is further noted. Thus, there appears to be some lack of diagnostic clarity here. Therefore, the request is not certified both owing to the lack of diagnostic clarity/lack of clear facetogenic pain as well as owing to the unfavorable ACOEM recommendation.

URINE DRUG SREEN: Upheld

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

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or 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 which drug test and/or drug panel he is testing for and also state when the last time an applicant obtained urine drug testing along with any request for authorization for the same. In this case, the attending provider appears to have ordered urine testing on October 24, 2013. The attending provider appears to have performed confirmatory drug testing. However, as further noted by the ODG Chronic Pain Chapter Urine Drug Testing topic, confirmatory testing is not typically recommended outside the Emergency Department drug overdose context. In this case, however, there is no evidence that the applicant in fact overdosed on drugs in the Emergency Department. It is further noted that the attending provider appears to have tested for eight different opioid metabolites, seven different benzodiazepine metabolites, multiple antidepressant and antipsychotic metabolites, etc. No clear rationale for the non-standard drug testing in question was proffered. Therefore, the request is retrospectively not certified, on Independent Medical Review.

C3-C6 RFA IF FACET BLCE CONFIRM PAIN IS FACETOGENIC: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004))

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 8, page 174 does state that there is "limited evidence" that radiofrequency neurotomy procedures may be effective in reducing cervical facet joint pain amongst applicants who have had a positive response to facet joint injections, the overall ACOEM recommendation on facet joint block/radiofrequency ablation procedures, both diagnostic and therapeutic, in Chapter 8, Table 8-8 is "not recommended." In this case, as with the diagnostic block, the applicant has a radicular component to his symptoms, suggesting a lack of diagnostic clarity here. Therefore, the request is not certified both owing to said lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendation.