MAXIMUS Federal Services

Case Number:	CM13-0070796		
Date Assigned:	01/08/2014	Date of Injury:	08/16/2010
Decision Date:	04/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/26/2013

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 16, 2010. 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; an 11% whole person impairment rating; a TENS unit; a back brace; and the apparent imposition of permanent work restrictions. In a utilization review report of December 11, 2013, the claims administrator denied a request for medial branch block, sacroiliac joint rhizotomy procedure, hot and cold unit, and urine drug testing. University of Michigan Guidelines were cited to deny the drug screen, it is incidentally noted. The applicant's attorney subsequently appealed on December 23, 2013. A clinical progress note of January 20, 2014 is notable for comments that the applicant reportedly had an SI joint injection on October 10, 2013 with 70 to 80% improvement. The applicant also consulted a pain management specialist, who recommended facet joints injections. The applicant reports low back pain worsened by lifting, bending, and stooping. The applicant is on Naprosyn for pain relief. Limited lumbar range of motion is noted with tenderness about the paraspinal musculature and SI joint. Facet joint injection therapy is again endorsed. The claimant is placed off of work, on total temporary disability, for an additional six weeks. On December 11, 2013, the applicant's primary treating provider sought authorization for bilateral L4 through S1 medial branch blocks, reportedly at the urging of the applicant's chronic pain physician. Tenderness about the paraspinal musculature and SI joint were again appreciated. The applicant was again placed off of work, on total temporary disability. In pain management note of November 19, 2013, the applicant's pain management physician writes that he is having low back pain radiating to the legs with intermittent paresthesias about the legs and associated numbness about the same. The applicant states that the earlier SI joints blocks resulted in temporary benefit of 70% to 80%. The

applicant's bending is reportedly improved. He is still smoking one to two cigarettes a day. He exhibits diffuse paraspinal tenderness and facetogenic tenderness. Medial branch blocks and SI joint injections are sought, along with the urine drug testing and continuous heating-cooling unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-S1 MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 309, all forms of the facet joint injections both diagnostic and/or therapeutic are "not recommended." It is further noted that page 300 of the ACOEM Guidelines states that facet joints injections are of "questionable merit." In this case, furthermore there appears to some lack of diagnostic clarity. The applicant had been given various diagnoses of facetogenic pain/discogenic pain, SI joint pain, and/or low back pain radiating to the legs, suggestive of radiculopathy. Therefore, the request is not certified both owing to the lack of diagnostic clarity as well as owing to the unfavorable ACOEM recommendations.

RIGHT SACROILIAC JOINT RHIZOTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS do not address the topic SI joints injections. As noted in the Third Edition ACOEM Guidelines, however, sacroiliac joints injections are not recommended for individuals with nonspecific low back pain, such as is present here. Rather, SI joint injections should, per ACOEM, be reserved as a treatment option for applicants with a specifically known cause of sacroiliitis, such as proven rheumatoid inflammatory arthropathy involving the SI joints, as in individuals with HLA positive spondyloarthropathy, ankylosing spondylitis, rheumatoid arthritis, etc. In this case, however, the applicant does not seemingly meet any of the aforementioned criteria. Rather, the applicant has nonspecific low back pain for which SI joint injections are not recommended, per ACOEM. Accordingly, the request is not certified.

HOT/COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 300.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, simple, low-tech, at-home local applications of heat and cold are recommended as part and parcel of self-care for low back pain. ACOEM further notes, on page 300, that at-home local application of heat and cold are as effective as those performed by therapist or by implication, those delivered via high-tech means. In this case, the attending provider has not proffered any applicant-specific rationale so as to try and offset the unfavorable ACOEM recommendation. Accordingly, the request is not certified.

URINE DRUG TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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 or identify the 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 tests and/or drug panels he intends to test for along with the request for the testing. An attending provider should also clearly state when the last time an applicant was tested along with any request for testing. Finally, an attending provider should attach an applicant's complete medication list to the request for authorization for testing, ODG further notes. In this case, however, none of the aforementioned criteria were met. The attending provider did not, in the progress note of November 19, 2013, state when the last time the applicant was tested. The attending provider did not provide or furnish the applicant's complete medication list, or furnish the list of those drug tests and/or drug panels which he intended to test for. Therefore, the request remains not certified, on independent medical review, as several ODG criteria for pursuit of the urine drug test in question have not seemingly been met.