

<b>Case Number:</b>	CM14-0009953		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 58-year-old female with a date of injury of 04/09/2012. The listed diagnoses per [REDACTED] are: 1. L3-L4 annular tear. 2. Left leg radiculopathy. 3. L2 S1 disk degeneration/facet arthropathy. 4. Depression. 5. Anxiety. 6. Lateral recess stenosis, L3 to S1. According to the progress report 12/17/2013 by [REDACTED], the patient presents with continued pain in the lumbar spine which radiates down the left more than right buttock with numbness on the foot. The patient rates her symptoms as a 7/10 on VAS. The patient also continues to have pain in the left hip which she rates as 7/10. Patient's current medication regimen includes Protonix 20 mg, Levaquin 750 mg, Norco 10/325 mg, aspirin 325 mg, Lipitor 10 mg, Celebrex 100 mg, Cozaar 25 mg. The treater states the patient underwent facet injections L3 to S1 bilaterally with [REDACTED] on 12/06/2013, which provided "approximately 70% relief of her symptoms temporarily." Examination of the lumbar spine revealed tenderness of the paravertebral muscles bilaterally. There is decreased range of motion in all planes. The patient has a positive facet loading test. The treater recommends the patient continue to follow up with [REDACTED] for pain management. [REDACTED] "requests authorization for a pain management consultation and radiofrequency ablation from L3 to S1 bilaterally." There is also a request for a Urine Toxicology screen. Utilization Review denied the request on 01/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Page 127 ACOEM Practice Guidelines, 2nd Edition (2004),

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting pain management consultation with [REDACTED]. The Utilization review from 01/10/2014 denied the request stating, the patient is "currently under the treatment of [REDACTED], a pain management specialist." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, this patient has chronic pain and under the care of [REDACTED] for pain management. The treater is recommending that the patient proceed with a follow-up pain management with [REDACTED]. The request is not for another pain management consult. Recommendation is for approval.

**RADIOFREQUENCY ABLATION L3-S1 BILATERALLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 10,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ODG guidelines on RF ablation, lumbar spine.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a radiofrequency ablation L3 to S1 bilaterally as the patient has undergone diagnostic facet injections from L3 to S1 bilaterally with [REDACTED] on 12/06/2013, which provided 70% relief of her symptoms. ACOEM Guidelines page 300 and 301 states "Lumbar facet neurotomies reportedly produce mixed results". For more thorough discussion, ODG Guidelines are referenced. ODG states RF ablation is under study, and there are conflicting evidence available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. Specific criteria is used including diagnosis of facet pain with MBB 6-month interval from first procedure, adequate diagnostic blocks, no more than 2 levels to be performed at 1 time and evidence of formal conservative care in addition to the facet joint therapy is required. In this case, the patient has not had a diagnostic block as stated by [REDACTED]. In fact, review of the operation report from 12/06/2013 by [REDACTED] states the injection was a left L3-4 and L4-5 transforminal epidural steroid injection. ODG recommends adequate diagnostic block before Radiofrequency ablations are considered. Recommendation is for denial.

**URINE TOXICOLOGY SCREEN TO VERIFY MEDICAL COMPLIANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE, 78

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen: Criteria for Use of Urine Drug Testing

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting a urine toxicology screen to verify medical compliance. Medical file provided for review indicates the patient had a Urine Drug Screen on 08/21/2013 and 05/14/2013 which were consistent with the medications prescribed. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, medical records document the patient had drug screens on 05/14/2013 and 08/21/2013 which were consistent with the medication prescribed. The treater in his 12/07/2013 progress report requested another UDS. ODG recommends once yearly screening for low risk patients. Recommendation is for denial.