

<b>Case Number:</b>	CM14-0102811		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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:

This is a 48 year-old female who has reported the gradual onset of multifocal pain, attributed to usual work activity, with a listed injury date of 04/04/2012. Treatment has included acupuncture, chiropractic, chronic opioids, epidural steroid injections, physical therapy, hip injections, and hip surgery. Diagnoses have included a labral tear, lumbar disk disease, and lumbar radiculopathy. Painful areas include the shoulder, low back, hip, and extremities. The last work date is reported as 7/6/13. A urine drug screen on 4/29/13 was negative for all of the many drugs tested, including Hydrocodone, Oxycodone, and Zolpidem. The treating physician did not discuss these results. A urine drug screen on 1/21/14 was positive for Hydrocodone, acetaminophen, and Hydrocodone, and negative for all other medications including Zolpidem. The treating physician's report of 1/21/14 did not discuss any current medications as well as did not discuss the prescribing of a urine drug screen. Mention of past use of Hydrocodone, Hypnotics, and Percocet was made, although the current status was not clear from this report. The primary treating physician reports of 12/10/13 and 1/28/14 listed Ambien, Percocet, and Hydrocodone as current medications which were taken frequently if not daily. An appeal letter from the primary treating physician of 3/31/14 did not mention the failed urine drug screens. Reports from the primary treating physician consistently show signs and symptoms consistent with lumbar radiculopathy. Per the primary treating physician report of 5/21/14, the injured worker is not working, has failed multiple treatments, and has pending medial branch blocks. Low back pain with radicular signs and symptoms were present. Norco and Ambien were ongoing. The treatment plan included medial branch blocks, Norco, Ambien, and a urine drug screen for proper medication usage and safety. On 6/27/14, utilization review non-certified medial branch blocks based on the presence of radiculopathy, and non-certified a urine drug screen and associated tests based on an excessive frequency of testing. The Official Disability

Guidelines (ODG) was cited. The Independent Medical Review application of 06/27/2014 is for medial branch blocks and the various lab tests now under Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medial Branch Block to the Left L4-5 Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 06/10/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Low Back chapter, Facet joint radiofrequency neurotomy, Facet joint medial branch blocks

**Decision rationale:** Per page 300 of the ACOEM Guidelines, lumbar facet neurotomies and differential medial branch blocks may be used for patients with low back pain. The Official Disability Guidelines provide equivocal support for medial branch blocks followed by radiofrequency ablation. The MTUS, Chronic Pain section, does not provide direction for facet blocks. The proper procedure for performing facet blocks/medial branch blocks is described in the Official Disability Guidelines. The treating physician has not provided a prescription which has enough detail to determine compliance with guidelines. Facet blocks are not medically necessary unless there is a prescription which is not only consistent with the guidelines, but which also provides enough detail to ensure that the procedure will be performed with sufficient compliance to the necessary protocol. The treating physician did not address function adequately. As noted in the MTUS, all treatment for chronic pain should have as its goal functional improvement, not cure of pain. A treatment plan which does not describe specific plans for functional improvement is not adequate for treatment of chronic pain. The Official Disability Guidelines recommend against medial branch blocks for patients with radiculopathy. The records clearly show a diagnosis of radiculopathy with corroborating clinical findings. Based on the cited guidelines, presence of radiculopathy, lack of a detailed prescription, and lack of a treatment plan focused on functional improvement, this request is not medically necessary.

#### **Medial Branch Block to the Left L5-S1 Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 06/10/2014)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Facet joint radiofrequency neurotomy, Facet joint medial branch blocks

**Decision rationale:** Per page 300 of the ACOEM Guidelines, lumbar facet neurotomies and differential medial branch blocks may be used for patients with low back pain. The Official Disability Guidelines provide equivocal support for medial branch blocks followed by radiofrequency ablation. The MTUS, Chronic Pain section, does not provide direction for facet blocks. The proper procedure for performing facet blocks/medial branch blocks is described in the Official Disability Guidelines. The treating physician has not provided a prescription which has enough detail to determine compliance with guidelines. Facet blocks are not medically necessary unless there is a prescription which is not only consistent with the guidelines, but which also provides enough detail to ensure that the procedure will be performed with sufficient compliance to the necessary protocol. The treating physician did not address function adequately. As noted in the MTUS, all treatment for chronic pain should have as its goal functional improvement, not cure of pain. A treatment plan which does not describe specific plans for functional improvement is not adequate for treatment of chronic pain. The Official Disability Guidelines recommend against medial branch blocks for patients with radiculopathy. The records clearly show a diagnosis of radiculopathy with corroborating clinical findings. Medial branch blocks are not medically necessary based on the cited guidelines, presence of radiculopathy, lack of a detailed prescription, and lack of a treatment plan focused on functional improvement.

**Urine drug screens QTY: 10.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens

**Decision rationale:** The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The treating physicians have not addressed the multiple failed drug screens, an indication that the drug screens are not used as a bona fide part of the treatment plan and that further drug tests are not indicated. The prior tests included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The MTUS recommends random drug testing, not at office visits or regular intervals, as has occurred in this case. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, and the prior failed tests that were not addressed by the treating physicians, an additional urine drug screen is not medically necessary.

**Lab Creatinine QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addictionurine drug screen to assess for the use. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003475.htm>

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lab PH: body fluid QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addictionurine drug screen to assess for the use.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Spectrophotometry, Analyte not elsewhere specified Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addictionurine drug screen to assess for the use.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Med panel QTY: 10.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,76-80,94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addictionurine drug screen to assess for the use.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lab creatinine QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addictionurine drug screen to assess for the use.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lab PH body fluid QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addictionurine drug screen to assess for the use.

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**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.