MAXIMUS Federal Services

Case Number:	CM14-0104564		
Date Assigned:	07/30/2014	Date of Injury:	07/09/2012
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Orthopedic Surgeon 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 injured worker is a 47-year-old female who reported an injury on 07/09/2012. The mechanism of injury involved a fall. Current diagnoses include sprain/strain of the right shoulder with impingement syndrome, axial low back pain, lumbar disc protrusion, and rule out facetogenic low back pain. The injured worker was evaluated on 05/02/2014. Previous conservative treatment includes physical therapy, chiropractic treatment, and medication management. The injured worker presented with complaints of intermittent right shoulder pain, low back pain, and bilateral lower extremity pain. The current medication regimen includes Tramadol, Omeprazole, and Naproxen. Physical examination on that date revealed diffuse tenderness in the paravertebral musculature, tenderness over the lower lumbar facets at L3-S1, limited range of motion, positive facet loading maneuver, intact sensation, slight tenderness in the posterior musculature of the right shoulder, and full range of motion of the right shoulder. Treatment recommendations at that time included continuation of the current medication regimen, a urine toxicology screen, and a diagnostic facet block at L4-5 and L5-S1. A Request for Authorization form was then submitted on 05/02/2014 for a series of lumbar diagnostic facet blocks under fluoroscopy, a urine toxicology screen, Naproxen 550 mg, tramadol 50 mg, Prilosec 20 mg, and Amitriptyline 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg, count 60 with one refill.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to non-opioid analgesics. There is also no evidence of objective functional improvement following the ongoing use of this medication. There is no frequency listed in the request. As such, the request is not medically necessary and appropriate.

Urine toxicology screen.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. As such, the request is not medically necessary and appropriate.

Series of Lumbar Diagnostic Facet Blocks under C-Arm Fluoroscopy at the L4-L5 level bilaterally.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, the injured worker has been previously treated with physical therapy, chiropractic therapy, and medications. There is documentation of facet

joint pain and positive provocative maneuvers upon physical examination. However, the Official Disability Guidelines further state facet joint injections are recommended for patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. The injured worker presents with persistent lower back pain with weakness in the bilateral lower extremities as well as radiating pain, numbness, and tingling sensations. As such, the request is not medically necessary and appropriate.

Series of Lumbar Diagnostic Facet Blocks under C-Arm Fluoroscopy at the L5-S1 level bilaterally.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state the clinical presentation should be consistent with facet joint pain, signs and symptoms. As per the documentation submitted, the injured worker has been previously treated with physical therapy, chiropractic therapy, and medications. There is documentation of facet joint pain and positive provocative maneuvers upon physical examination. However, the Official Disability Guidelines further state facet joint injections are recommended for patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. The injured worker presents with persistent lower back pain with weakness in the bilateral lower extremities as well as radiating pain, numbness, and tingling sensations. As such, the request is not medically necessary and appropriate.