

Case Number:	CM14-0106436		
Date Assigned:	07/30/2014	Date of Injury:	05/21/2012
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 49-year-old male who reported an injury on 05/21/2012. The mechanism of injury involved heavy lifting. Current diagnoses include cervical disc disease, cervical radiculopathy, lumbar disc disease, and lumbar facet syndrome. The injured worker was evaluated on 05/27/2014 with complaints of persistent cervical and lumbar spine pain. It is noted that the injured worker has been previously treated with 12 sessions of physical therapy including electrical muscle stimulation, exercise, hot packs, and chiropractic manipulative therapy. The current medication regimen includes Motrin 800 mg. Physical examination revealed diffuse tenderness to palpation over the paravertebral musculature, moderate to severe tenderness over the L4 to S1 levels, positive Kemp's testing bilaterally, positive Farfin testing bilaterally, limited lumbar range of motion, and normal motor strength with intact sensation in the bilateral lower extremities. Treatment recommendations included lumbar medial branch nerve blocks at L4 through S1, an interferential current stimulation unit, and urine drug testing.

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 Block: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be documentation of a failure of conservative treatment including home exercise, physical therapy and Non-steroidal Anti-Inflammatory Drugs (NSAIDs). As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there was no documentation of facet mediated pain upon physical examination. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.

Interferential Unit 30 Day Rental: 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 Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to diminished effectiveness of medications or side effects, history of substance abuse, or significant pain from postoperative conditions. The injured worker does not meet any of the above mentioned criteria as outlined by The California MTUS Guidelines. As such, the request is not medically necessary.

Urine Toxicology Screen: 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 Page(s): 43, 77 AND 89. Decision based on Non-MTUS Citation Official Disability Guidelines (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. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no mention of non-compliance 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 medical necessity has not been established. Therefore, the request is not medically necessary.