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| Case Number: | CM14-0017940 | | |
| Date Assigned: | 04/16/2014 | Date of Injury: | 08/03/2013 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 02/10/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 32 year old male with date of injury 08/2013. The mechanism of injury is stated as a motorcycle/ motor vehicle accident. The patient has complained of neck and thoracic/upper lumbar pain since the date of injury. He has been treated with trigger point injections, TENS unit, thoracic spine medial branch blocks, physical therapy and medications. MRI of the thoracic spine performed in 11/2013 was normal. Objective: tenderness to palpation of the lower thoracic/ upper lumbar spine paraspinous musculature, back pain with range of motion, cervical spine paraspinous musculature tenderness. Diagnoses: neck pain, chronic back pain, s/p motor vehicle accident. Treatment plan and request: right T6-7 medial branch block, Left T6-7 medial branch block, retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT T6 & T7 MEDIAL BRANCH BLOCK (RIGHT FIRST THEN LEFT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOWER BACK COMPLAINTS Page(s): 300.

Decision rationale: This 32 year old male has complained of neck and back pain since date of injury 08/2013. He has been treated with trigger point injections, TENS unit, thoracic spine medial branch blocks, physical therapy and medications. The current request is for Right T6 and T7 medial branch block (right first then left). Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, Lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline Right T6 and T7 medial branch block (right first then left) is not indicated as medically necessary.

LEFT T6 & T7 MEDIAL BRANCH BLOCK (FIRST RIGHT THEN LEFT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOWER BACK COMPLAINTS Page(s): 300.

Decision rationale: This 32 year old male has complained of neck and back pain since date of injury 08/2013. He has been treated with trigger point injections, TENS unit, thoracic spine medial branch blocks, physical therapy and medications The current request is for Left T6 and T7 medial branch block (right first then left). Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections and facet joint injections of cortisone, Lidocaine or both medications are of questionable benefit and offer no significant long term functional benefit. On the basis of this MTUS guideline, Left T6 and T7 medial branch block (right first then left) is not indicated as medically necessary.

RETROSPECTIVE REQUEST FOR URINE DRUG SCREEN DOS:1/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE Page(s): 94.

Decision rationale: This 32 year old male has complained of neck and back pain since date of injury 08/2013. He has been treated with trigger point injections, TENS unit, thoracic spine medial branch blocks, physical therapy and medications. This is a retrospective request for urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications.