

Case Number:	CM14-0115656		
Date Assigned:	08/04/2014	Date of Injury:	12/13/2007
Decision Date:	09/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/22/2014

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 Neurology, and is licensed to practice in New Jersey. 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 41-year-old woman who sustained a work-related injury on December 13, 2007. Subsequently, she developed chronic left shoulder and low back pain. According to a note dated March 17, 2014, the patient have 25% improvement with trigger point injections in her lower back. In a progress report date June 13, 2014, the patient was reported to have moderate to severe pain in the lower back, gluteal and neck area. The patient described the pain as ache, deep, discomforting, piercing, and sharp. Symptoms are aggravated by changing positions and walking. Symptoms are relieved by exercise, heat/ice, lying down, massage, movement, pain medications, rest, and sitting. The patient reported her pain level is at 8/10 without medications and 6/10 with medications. Her physical examination demonstrated painful limited cervical range of motion and a positive facet loading testing. The patient was diagnosed with chronic pain, facet arthropathy, muscle spasms, sacroilitis, low back pain as well as myalgia and myositis. The patient was taking Norco, Flexeril, amitriptyline, and Advil. The provider requested authorization for UDS, Medial branch block, cervical, right and left, C2, C3 and third occipital nerve, and Medial branch nerve block, sacral L5 through S3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability Guidelines, pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no indication that the patient is using illicit drugs or non compliant with her medications. There is no clear justification for the request of UDS. Therefore, the request for Urine drug screen is not medically necessary.

Medial branch block, cervical, right and left, C2, C3 and third occipital nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Facet joint intra-articular injections (therapeutic blocks) (http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections)).

Decision rationale: According MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The ODG guidelines did not support facet injection for cervical pain. There is no strong evidence supporting the use of cervical facet injection for the treatment of neck pain. There is no documentation that the cervical facets are the main pain generator. There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. Furthermore, there is no documentation of rationale behind the request for cervical facet block and whether this is used for diagnostic and therapeutic purpose. Therefore, the request for Medial branch block, cervical, right and left, C2, C3 and third occipital nerve is not medically necessary.

Medial branch nerve block, sacral L5 through S3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Facet joint intra-articular injections (therapeutic blocks) (http://worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#Facetjointinjections)).

Decision rationale: According MTUS guidelines, Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The ODG guidelines did not support Medial branch nerve block, sacral L5 through S3 for cervical pain. There is no documentation that the lumbosacral facets are the main pain generator. There is no documentation of formal rehabilitation plan that will be used in addition to facet injections. ODG guidelines does not recommend more than 2 joint levels be blocked at one time. The provider is requesting intra articular block in more than 2 levels. Furthermore, there is no documentation of rational behind the request for lumbosacral facet block and whether this is used for diagnostic and therapeutic purpose. Therefore, the request for Medial branch nerve block, sacral L5 through S3 is not medically necessary.