

Case Number:	CM14-0116566		
Date Assigned:	08/04/2014	Date of Injury:	11/12/1999
Decision Date:	09/12/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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. 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 62-year-old female who reported an injury on 11/12/1999. The mechanism of injury was not provided for clinical review. Diagnoses included; sacroiliitis, lumbar facet arthropathy, chronic intractable neuropathic lumbosacral pain syndrome, chronic opioid therapy and 1 compression fracture. The previous treatments included; medication, radiofrequency ablation and left sacroiliac block. Within the clinical note dated 03/18/2014, it was reported the injured worker complained of pain in the lower right side of the back. She rated her pain 6/10 to 7/10 in severity. On the physical examination the provider noted tenderness in the mid-line lower lumbar and right buttock. The provider indicated the injured worker had positive lumbar facet loading, worse on the right side. The injured worker had secondary pains, which were brought on with sacroiliac joint compression and distraction test, as well as at the Posterior Superior Iliac Spine (PSIS) and greater trochanters. The injured worker had undergone a radiofrequency ablation on 01/22/2013, left sacroiliac block on 10/09/2012 and 12/04/2012 and a medial branch block at right L4-5 and L5-S1 on 05/21/2013, a medial branch block left L3-S1 on 06/09/2012. The most recent note, dated 06/10/2014 is unchanged. The provider requested Percocet for pain, a urine drug screen and right medial branch blocks. The Request for Authorization was submitted and dated 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 S1 Facet Medial Branch Blocks under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation: Low Back Procedure Summary last updated 7/3/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back(or Neck)- MBB- Facet joint medial branch blocks(Diagnostic).

Decision rationale: The request for right L4-S1 facet medial branch blocks under fluoroscopic guidance is not medically necessary. The California MTUS/ACOEM Guidelines state that "invasive techniques such as facet joint injections in the low back are not recommended." However, the Official Disability Guidelines note "facet joint diagnostic blocks are not recommended, except as a diagnostic tool." There is lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Guidelines do not recommend the use of a medial branch block of the lumbar spine. Therefore, the request is not medically necessary.

Percocet 10/325 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #240 is not medically necessary. The California MTUS Guidelines recommend "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The guidelines recommend "the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control." The provider failed to document an adequate and complete pain assessment within the documentation. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request is not medically necessary.

Urine Drug Screen: 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) Pain (Last Updated 6/10/14) - Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The California MTUS Guidelines indicate "the use of a urine drug screen is for patients with documented of abuse, addiction or poor pain control." There is lack of documentation indicating abuse,

addiction or poor pain control. There is lack of documentation indicating when the last urine drug screen was performed. There is no evidence of opioid abuse. Therefore, the request is not medically necessary.