

Case Number:	CM14-0137064		
Date Assigned:	09/29/2014	Date of Injury:	12/13/2007
Decision Date:	11/04/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/23/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old female with a 12/13/07 date of injury. At the time (7/17/14) of request for authorization for Acetaminophen; CBC (includes Differential/Platelet); Chem 19; GGT (Gamma-Glutamyltransferase); Hydrocodone and Metabolite, Serum; Cyclobenzaprine, Serum/Plasma; Urinalysis, complete; EIA (Enzyme-Immunoassay Antibodies) with Alcohol plus reflex urine; Sacroiliac Joint Injection; and Facet Injection Cervical, there is documentation of subjective (low back pain radiating to the left lower extremity) and objective (tenderness to palpation over the left sided cervical facet and left SI joint; positive FABER, Gaenslen's, compression, and shear test) findings, current diagnoses (chronic neck pain, chronic COAT, chronic low back pain, muscle spasms, and chronic muscle spasms), and treatment to date (facet injections (helped a lot for headaches for months at a time), SI joint injections (with 25% pain relief for 3 to 6 months), trigger point injections, physical therapy, chiropractic treatment, and medications (including Norco, Flexeril, and Amitriptyline)). Medical reports identify a request for facet injection cervical spine bilateral C2-3, 3-4, and 4-5. Regarding CBC (includes Differential/Platelet); Chem 19; GGT (Gamma-Glutamyltransferase); Hydrocodone and Metabolite, Serum; Cyclobenzaprine, Serum/Plasma; and EIA (Enzyme-Immunoassay Antibodies) with Alcohol plus reflex urine, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Regarding sacroiliac joint injection, there is no documentation of at least >70% pain relief obtained for 6 weeks. Regarding facet joint injection, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, acute exacerbations of chronic pain, mild to moderate osteoarthritis pain, and chronic low back pain, as criteria necessary to support the medical necessity of acetaminophen. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy (COAT), chronic low back pain, muscle spasms, and chronic muscle spasms. Therefore, based on guidelines and a review of the evidence, the request for Acetaminophen is medically necessary.

CBC (includes Differential/Platelet): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthcare Compliance, Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for CBC (includes Differential/Platelet) is not medically necessary.

Chem 19: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthcare Compliance, Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for Chem 19 is not medically necessary.

GGT (Gamma-Glutamyltransferase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthcare Compliance, Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for GGT (Gamma-Glutamyltransferase) is not medically necessary.

Hydrocodone and Metabolite, Serum: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthcare Compliance, Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone and Metabolite, Serum is not medically necessary.

Cyclobenzaprine, Serum/Plasma: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthcare Compliance, Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm).

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine, Serum/Plasma is not medically necessary.

Urinalysis (complete): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. However, despite documentation of on-going opioid treatment, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for a Urinalysis is not medically necessary.

EIA (Enzyme-Immunoassay Antibodies) with Alcohol plus reflex urine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthcare Compliance, Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a review of the evidence, the request for EIA (Enzyme-Immunoassay Antibodies) with Alcohol plus reflex urine is not medically necessary.

Sacroiliac Joint Injection QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection

Decision rationale: The ACOEM Practice Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines identifies documentation of at least >70% pain relief obtained for 6 weeks, that 2 months or longer have elapsed between each injection, and that the injection is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of repeat SI joint injection. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic opioid analgesic therapy, chronic low back pain, muscle spasms, and chronic muscle spasms. In addition, there is documentation of a previous SI joint injection and that 2 months or longer have elapsed between each injection. However, given documentation of 25% pain relief for 3 to 6 months following previous injection, there is no documentation of at least >70% pain relief obtained for 6 weeks. Therefore, based on guidelines and a review of the evidence, the request for Sacroiliac Joint Injection is not medically necessary.

Facet Injection Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic blocks

Decision rationale: The ACOEM Practice Guidelines identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. The Official Disability Guidelines identifies documentation of cervical pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of a diagnosis of chronic neck pain. In addition, there is documentation of cervical pain that is non-radicular and failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks. However, given documentation of a request for facet injection cervical spine bilateral C2-3, 3-4, and 4-5, there is no documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for Facet Injection Cervical is not medically necessary.