

<b>Case Number:</b>	CM14-0151226		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/03/2000
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 68-year-old female with a 5/3/00 date of injury. At the time (8/21/14) of request for authorization for 1 bilateral L4- S1 medial branch block and 1 urine toxicology screening, there is documentation of subjective (severe lumbar pain radiating to bilateral lower extremities associated with numbness and tingling sensation) and objective (severe tenderness over the L3-S1 facets, positive left Faber's test, positive Yeoman's test, positive bilateral Kemp's test, and positive bilateral supine straight leg raising test) findings, current diagnoses (lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy), and treatment to date (medications (including ongoing treatment with Norco and MSContin), physical therapy, chiropractic therapy, home exercise program, and epidural steroid injection). Regarding 1 bilateral L4- S1 medial branch block, there is no documentation of low-back pain that is non-radicular. Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 bilateral L4- S1 medial branch block:** 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; Low Back - Lumbar & Thoracic (Acute & chronic) Facet joint injections, multiple series:

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

**Decision rationale:** MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back 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 medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, chiropractic therapy, home exercise program, and epidural steroid injection) and no more than 2 joint levels to be injected in one session. However, despite documentation of objective (positive bilateral Kemp's test and severe tenderness over the L3-S1 facets) findings, given documentation of subjective (severe lumbar pain radiating to bilateral lower extremities associated with numbness and tingling sensation) findings, there is no documentation of low-back pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for 1 bilateral L4- S1 medial branch block is not medically necessary.

**1 urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening; (Opiates, steps to avoid misuse/addiction);.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** MTUS 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. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for 1 urine toxicology screening is not medically necessary.

