MAXIMUS Federal Services

Case Number:	CM14-0033823		
Date Assigned:	06/20/2014	Date of Injury:	01/01/1980
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 69-year-old male who sustained an injury to his low back on 01/01/80. Mechanism of injury was not documented. Procedure note dated 05/07/14 reported that the injured worker underwent first diagnostic procedure for bilateral L3-4 and L4-5 facet joints. Progress report dated 05/27/14 reported that the injured worker reported or noted a 50% improvement following radiofrequency ablation procedure for unspecified duration. Lumbosacral exam noted well-healed midline incision with no sciatic notch tenderness; gait normal; muscle spasm in the low back sensory decreased in the right lower extremity. The injured worker was diagnosed with failed back surgery syndrome and low back pain of the lumbar spine the injured worker was recommended to continue conservative treatment including home exercise program, moist heat, and stretches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for use of urine drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

Decision rationale: Based on the medical records provided for review, there was no information provided that would indicate the injured worker had been misusing or abusing his prescription pain medications. Previous routine toxicology reports did not indicate any significant findings of aberrant behaviors by the injured worker or that the injured worker was not taking his medication as prescribed. Given this, the request for toxicology screen is not medically necessary and appropriate.

Bilateral Facet Injections L2-3, L3-4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Disability Guidelines (ODG) Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint diagnostic blocks (injections).

Decision rationale: The Official Disability Guidelines state that diagnostic facet injections should be reserved for injured workers whose pain is non-radicular and at no more than two levels bilaterally. Furthermore, it was reported that the injured worker had already underwent diagnostic bilateral facet injections at L3-4 followed by radiofrequency ablation that provided 50% relief for unspecified duration. Given this, the request for bilateral facet injections at L2-3 and L3-4 is not medically necessary and appropriate.