

Case Number:	CM14-0071397		
Date Assigned:	07/14/2014	Date of Injury:	10/24/2005
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 60-year-old female who reported an injury on 10/24/2005 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her low back. The injured worker was evaluated on 05/14/2014. It was documented that the injured worker had low back pain radiating into the bilateral buttocks. Physical findings included tenderness to palpation of the lumbar paraspinal musculature at the L4-5 and L5-S1 facet joints, negative nerve root tension signs, and provocative discogenic lumbar maneuvers positive bilaterally. It noted that the injured worker's urine drug screen and bilateral facet joint medial branch blocks at the L4-5 and L5-S1 were previously denied. The injured worker's diagnoses included bilateral lumbar facet joint pain, bilateral lumbar facet joint arthropathy, lumbar degenerative disc disease, and a grade 1 spondylolisthesis at the L3 and L4. It was noted in the injured worker's treatment recommendations that the urine drug screen requested on 04/04/2014 was unnecessary and made in error. Additionally, it was noted that the injured worker had failed to respond to physical therapy, non-steroidal anti-inflammatory drugs, and other conservative treatments with ongoing lumbar facet pain identified on physical examination. It was noted that if the medial branch block was positive, a treatment recommendation for a facet joint rhizotomy would be made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 and L5-S1 facet joint medial branch block, under fluoroscopy:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-facet blocks.

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 Chapter, Facet Injections (Diagnostic).

Decision rationale: The requested Bilateral L4-L5 and L5-S1 facet joint medial branch block, under fluoroscopy is medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends medial branch blocks to determine the appropriateness of radiofrequency ablation. The Official Disability Guidelines further recommend medial branch blocks for patients who have well documented facet-mediated pain recalcitrant to conservative measures in preparation for a radiofrequency ablation. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to several conservative treatments and continues to have facet-generated pain at the L4-5 and L5-S1. It is noted that the requested procedure is in preparation for a radiofrequency ablation to the requested levels. Therefore, a facet medial branch block at the L4-5 and L5-S1 is medically appropriate in this clinical situation. As such, the requested Bilateral L4-L5 and L5-S1 facet joint medial branch block, under fluoroscopy is medically necessary or appropriate.

12 panel urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Physician (2005).

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

Decision rationale: The requested 12 panel urine drug screen is not medically necessary or appropriate. The clinical documentation provided for review does not provide any evidence of medications that require therapeutic monitoring. Additionally, the clinical documentation fails to provide any evidence of symptoms related to illicit drug use. Therefore, the California Medical Treatment Utilization Schedule recommends urine drug screens for patients who symptomatology consistent with illicit drug uses or aberrant behavior. As there was no documentation consistent with these types of findings, a urine drug screen would not be indicated. Additionally, the submitted documentation indicated that the urine drug screen request was made in error. As such, the requested 12 panel urine drug screen is not medically necessary or appropriate.