

<b>Case Number:</b>	CM14-0082028		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/28/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 56-year-old female with a 9/28/08 date of injury. The current request for authorization dated 4/19/2014 requests left sacroiliac joint rhizotomy, hot/cold unit, 30-day rental, and a urine drug screen. There is documentation of subjective complaints of back pain with intensity of 5/10 radiating to left leg and objective findings of tenderness over the lumbar paravertebral musculature, sacroiliac joint, and L4-S1 facets; positive sacroiliac thrust test, positive Yeoman's test, and positive Kemp's test on the left. Current diagnoses are lumbar disc disease, lumbar facet syndrome, and left sacroiliac joint arthropathy. Treatment to date has consisted of medications (including ongoing treatment with opioids since at least 12/10/12), previous sacroiliac joint steroid injection, and a home exercise program. Regarding urine drug testing, 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:

**Left sacroiliac joint rhizotomy:** 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) Hip and Pelvic Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** MTUS does not address this issue. ODG identifies that sacroiliac joint radiofrequency neurotomy is not recommended. Therefore, based on guidelines and a review of the evidence, the request for left sacroiliac joint rhizotomy is not medically necessary.

**Hot/Cold Unit, 30-day rental.:** 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), Knee Procedure Summary (last updated 3/31/2014).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs, Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217 PubMed - indexed for MEDLINE.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for Hot/Cold Unit, 30-day rental is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary (last updated 4/10/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, 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 disc disease, lumbar facet syndrome, and left sacroiliac joint 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 Urine drug screen is not medically necessary.