

Case Number:	CM14-0189670		
Date Assigned:	11/20/2014	Date of Injury:	12/26/2006
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date on 12/26/2006. Based on the 10/31/2014 progress report provided by the treating physician, the diagnoses are: 1. Low back pain syndrome, 2. Lumbar/Thoracic Rad, 3. Lumbar spondylosis w/o myelo/facet arthro, 4. Post laminectomy syndrome lumbar, 5. Pain in joint-knee, 6. Lumbar stenosis. According to this report, the patient complains of "pain radiating from low back to anterior thigh and medial knee low back down right leg and right knee." Pain is rated as a 9/10 with average pain at a 7/10. The pain is characterized as aching, boring, burning, deep-pressure and dull. Any activity or movement, standing, walking, and work would aggravate the pain and pain is better with rest. Physical exam reveals tenderness at the L4 and L5 spinous process, sacroiliac spine, medial/lateral joint line of the right knee, and the patella. Range of motion of the lumbar spine is restricted. Gaenslen's test, Lumbar facet loading test, Straight leg raising test, and FABER test are positive. There were no other significant findings noted on this report. The utilization review denied the request for Outpatient lumbar facet joint injections L3-L4, L4-L5, L5-S1, 12 office visits, and Urine Drug Screen x 4 on 11/07/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/13/2014 to 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar facet joint injections L3-L4, L4-L5, L5-S1: 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),

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 under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 10/31/2014 report, this patient presents with "pain radiating from low back to anterior thigh and medial knee low back down right leg and right knee." Per this report, the current request is for Outpatient lumbar facet joint injections L3-L4, L4-L5, L5-S1 but the treating physician's report and request for authorization containing the request is not included in the file. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of reports do not show evidence of prior MBB being done in the past. In this case, the patient has radiating low back pain that travel to the right lower extremities. In addition, physical exam does not indicate the patient has paravertebral facet tenderness. Furthermore, the treating physician is requesting injections for L3-4, L4-5 and L5-S1; 3 level. ODG does not allow for more than 2 level injections at a time. Recommendation is for denial.

12 office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: According to the 10/31/2014 report, this patient presents with "pain radiating from low back to anterior thigh and medial knee low back down right leg and right knee." Per this report, the current request is for 12 office visits but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states "There is not sufficient documentation or rational for the number of office visits requested, two (2) office visits would be medically reasonable and approved." Regarding treatments sessions, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, 2 office visits has been approved via utilization review on 11/07/2014. The requested "12 office visits" is vague and the treating physician should identify what kind of "visits" he is requesting before the request can be considered. Recommendation is for denial.

Urine Drug Screen x 4: 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), Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen

Decision rationale: According to the 10/31/2014 report, this patient presents with "pain radiating from low back to anterior thigh and medial knee low back down right leg and right knee." Per this report, the current request is for Urine Drug Screen x 4 but the treating physician's report and request for authorization containing the request is not included in the file. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Norco (an opiate). In reviewing the reports provided there were no discussion regarding the patient showing any adverse behavior with opiates use. The treating physician did not explain why 4 UDS's are needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. Recommendation is for denial.