

Case Number:	CM14-0196992		
Date Assigned:	12/05/2014	Date of Injury:	07/07/2013
Decision Date:	02/25/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 41year old male with an injury date on 07/07/2013. Based on the 12/10/2014 progress report provided by the treating physician, the diagnoses are: 1. Status Post Fall. 2. Closed Head Trauma. 3. Lumbar Spine Strain/Sprain, Rule Out Discopathy. According to this report, the patient presents for "part of ongoing care and treatment." Physical exam of the cervical spine reveals "tenderness to palpation with spasms of the bilateral paraspinals and upper trapezius." Range of motion, Orthopedic Tests, and upper extremities reflexes were with normal limits. Exam of the lumbar spine reveals "tenderness to palpation of the bilateral paraspinals, quadratus lumborum, gluteal muscle, sacroiliac and coccyx." Range of motion is slightly limited. Sitting Root and Straight Leg Raise test are positive, bilaterally. The treatment plan is "pending a trial of facet block injections to address the axial mechanical lumbar spine, consultation with a neurologist, and provide a 30-day supply of transdermal anti-inflammatory and analgesic medications. The patient's work status "is currently and remains on Temporary Disability for 6 weeks." There were no other significant findings noted on this report. The utilization review denied the request for (1) Steroid Facet Block Injection, (2) DME: Lumbar Spine Exercise Kit, and (3) Diagnostic test Urine Drug Screen on 10/24/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment report dated 12/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Facet Block Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. 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 12/10/2014 report dated after the Utilization Review report in question, this patient presents for "part of ongoing care and treatment." The current request is for Steroid Facet Block Injection. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. In reviewing of the provided reports does not show evidence of prior MBB. In this case, patient's physical exam does not indicate paravertebral facet tenderness. ODG Guidelines do not support facet injection with without documentation of paravertebral tenderness. This request is not medically necessary.

Durable Medical Equipment Lumbar Spine Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter: Gym membership.

Decision rationale: According to the 12/10/2014 report dated after the Utilization Review report in question, this patient presents for "part of ongoing care and treatment." The current request is for Lumbar Spine Exercise Kit but the treating physician's report containing the request is not included in the file. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "exercise kit" for the lower back does not delineate what is included in the "kit." Without knowing what the "kit" is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The treater does not provide any discussion regarding the request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. Therefore, the current request is not medically necessary.

Diagnostic test Urine Drug Screen: 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: Decision based on MTUS Chronic Pain Treatment Guidelines UDS Drug testing Page(s): 43.

Decision rationale: According to the 12/10/2014 report dated after the Utilization Review report in question, this patient presents for "part of ongoing care and treatment." The current request is for Diagnostic test Urine Drug Screen. The Utilization Review denial letter states "There is no data that the patient is on any opiates or psychotropic drugs. It is not clear when the patient last had a urine drug screen or what the results were." 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. Review of the provided report show no recent UDS's and the treating physician does not mention that the patient is taking opiate medication. The treating physician did not explain why an UDS is needed when the patient is not taking opiate medication. Therefore, this request is not medically necessary.