MAXIMUS Federal Services

Case Number:	CM14-0198308		
Date Assigned:	12/08/2014	Date of Injury:	08/14/2004
Decision Date:	01/21/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 40 year old female nurse with a low back injury sustained on 08/14/2004 while transferring a patient weighing 180 to 200 pounds from bed to wheelchair. The patient felt a snapping sensation in her low back followed by back pain and pain radiating down her right leg. Pain is rated 5 of 10 with pain medicine and 9 of 10 without. An August 2004 an MRI demonstrated disc herniation with mild facet arthropathy. There is a 3mm left paracentral disc protrusion resulting in abutment of the descending left L5 nerve root with a mild degree of central canal narrowing. The patient was placed on medications (Tramadol, Tylenol and Lyrica) for pain, physical therapy treatments, chiropractic manipulation, rest, and home exercise programs for more than 6 weeks over the past 12 months. The patient felt the physical therapy increased her pain; therefore, she was placed on modified duty and then on temporary total disability. She has not yet returned to work. The patient has diffuse tenderness to palpation over the paravertebral musculature with moderate facet tenderness of the L4 to S1 levels. Utilization dated 11/19/2014 denied requested bilateral L4 through S1 medical branch blocks and modified the Urine drug screen request for ten random urine drug screens to one. California MTUS/ACOEM guidelines were used for the medial branch blocks. California Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary for urine drug testing were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 through S1 medial branch blocks: Upheld

Claims Administrator 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 Procedure Summary (last updated 08/22/2014)

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, Medial Branch Blocks (MBBs)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. Official Disability Guidelines (ODG) identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and non-steroidal anti-inflammatory drugs (NSAIDs)) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar facet syndrome, and right sacroiliac joint arthropathy. In addition, there is documentation of failure of conservative treatment (home exercise, physical therapy, and NSAIDs). However, given documentation of objective findings (back pain radiating down the right leg), there is no documentation of low-back pain that is non-radicular. In addition, given documentation of a request for bilateral L4 through S1 medial branch blocks, there is no (clear) documentation of pain at no more than two levels bilaterally and no more than 2 joint levels to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for bilateral L4 through S1 medial branch blocks is not medically necessary.

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), Pain Procedure Summary (last updated 10/02/2014), Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines On-Going Management Page(s): 78.

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. Within the medical information available for review, there is documentation of diagnoses of lumbar disc disease, lumbar facet syndrome, and right 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.