

Case Number:	CM15-0107337		
Date Assigned:	06/11/2015	Date of Injury:	07/25/2011
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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: Emergency Medicine

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 43 year old male, who sustained an industrial injury on 7/25/11. The injured worker was diagnosed as having cervical sprain/strain, bilateral foraminal stenosis at L5-S1 with spondylolisthesis and spondylolysis, discopathy at L4-5, and status post anterior posterior spinal fusion at L4-5 and L5-S1 with correction of spondylolisthesis on 1/23/14. Treatment to date has included spinal fusion, physical therapy, acupuncture, and topical creams. Physical examination findings on 5/1/15 included tenderness on the left side at the mid to lower back at about L3-4. The injured worker was noted to have functional range of motion and intact motor strength. Currently, the injured worker complains of back pain rated as 3/10. The treating physician requested authorization for a left sided facet block at T11-12 and six panel UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided Facet Block at T11-12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested Left sided Facet Block at T11-12 is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels". The injured worker has tenderness on the left side at the mid to lower back at about L3-4. The injured worker was noted to have functional range of motion and intact motor strength. The treating physician has not documented positive facet compression testing or intention of subsequent neurotomy. The criteria noted above not having been met, Left sided Facet Block at T11-12 is not medically necessary.

Six panel UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: The requested Six panel UDS is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has tenderness on the left side at the mid to lower back at about L3-4. The injured worker was noted to have functional range of motion and intact motor strength. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Six panel UDS is not medically necessary.