MAXIMUS Federal Services

Case Number:	CM15-0109252		
Date Assigned:	06/15/2015	Date of Injury:	02/12/2007
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 57-year-old male, who sustained an industrial injury on 2/12/07. Initial complaints were not reviewed. The injured worker was diagnosed as having displacement lumbar intervertebral disc without myelopathy; disorder of trunk; low back pain; primary fibromyalgia syndrome; inflammatory neuropathy; lumbar post-laminectomy syndrome. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 3/6/15 indicated the injured worker complains of ongoing "burning pain" in the low back and down both legs. He also has shooting pain and cramping in the right buttocks and posterior thigh and cramping pain in his left foot. The provider documents the injured worker continues with pruritus which may be due to the intrathecal opiates and lowered testosterone levels which is a side effect. He has a follow-up appointment with an internist regarding this issue. The provider notes the low back pain complaints appear to be mechanical as a result of facet arthropathy. The injured worker reports difficulty getting in and out of a vehicle due to the back pain. The provider remarks that diagnosing facetgenic pain is a diagnostic intra-articular facet injection, which is the "gold standard." Facet injections have been denied. The physical examination of the lumbar spine demonstrates extension decreased by 40 degrees, tenderness to palpation over the lumbar spine; range of motion significantly restricted and painful. Neurological examination includes detail of Babinski reflex bilaterally: plantar reflex absent. Special tests: Valsalva's test is negative; bilateral ankle reflex is absent; bilateral knee reflex is absent. Sensation bilateral knees notes decreased sensation of the knees and medial portion of the legs (L4) and on the lateral portion of the legs and dorsum of the feet (L5). The lumbar spine soft

tissue palpation bilaterally indicates tenderness of the paraspinal region at L4. Active range of motion lateral flexion to the left is 20 degrees and on the right 30 degrees. Rotation on the left is 25 degrees and on the right 30 degrees and flexion 30 degrees, extension 10 degrees and pain with motion. The injured worker does have an interthecal pump that delivers Dilaudid 7mg/d; Clonidine 7mcg/d and Baclofen 17mcg/day. It is noted this greatly helps the "burning nerve pain" and only takes Norco when necessary. The provider's treatment plan includes a request for authorization of the retrospective urine drug screen for date of service 4/3/15 and a right lumbar facet injection at L3-L4, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Drug Screen, provided on date of service: 04/03/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,78.

Decision rationale: The worker has had various treatment modalities and use of medications including opiods. Per the guidelines, urine drug screening may be used at the initiation of opiod use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, prior drug screening has been performed. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The medical necessity of a urine drug screen is not substantiated in the records.

Right lumbar facet injection at L3-L4, L4-L5 and L5-S1: 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 Chapter, facet joint diagnostic blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Facet joint injections are of questionable merit in low back pain. Though the history and exam do suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, or medications. The records do not substantiate the medical necessity of a right lumbar facet injection at L3-L4, L4-L5 and L5-S1.