

Case Number:	CM15-0184693		
Date Assigned:	09/25/2015	Date of Injury:	09/18/2014
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 51-year-old female injured worker suffered an industrial injury on 9-18-2014. The diagnoses included cervical spine sprain-strain with right upper extremity radiculopathy, lumbar sprain-strain with bilateral lower extremity radiculopathy, left sacroiliac sprain, bilateral shoulder strain and bilateral wrist sprain. On 8-3-2015, the treating provider reported low back pain, neck pain and bilateral shoulder pain. On exam, there was tenderness to the cervical and lumbar spine. There was positive straight leg raise. Prior treatment included Anaprox and Fexmid. The documentation provided did not include a pain evaluation with pain levels. Request for Authorization date was 7-24-2015. The Utilization Review on 8-31-2015 determined non-certification for Bilateral L3-4 and L4-5 medial branch block injections and Urine Drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4 and L4-5 medial branch block injections: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 section, Medial branch blocks.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, bilateral L3 - L4 and L4 - L5 medial branch block injection is not medically necessary. The ACOEM does not recommend facet injections of steroids or diagnostic blocks. (Table 8 - 8) Invasive techniques (local injections and facet joint injections of cortisone lidocaine) are of questionable merit. The criteria for use of diagnostic blocks for facet mediated pain include, but are not limited to, patients with cervical pain that is non-radicular and that no more than two levels bilaterally; documentation of failure of conservative treatment (home exercises, PT, non-steroidal anti-inflammatory drugs) prior to procedure at least 4 to 6 weeks; no more than two facet joint levels are injected in one session; one set a diagnostic medial branch blocks is required with a response of greater than or equal to 70%; limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally an documentation of failed conservative treatment (including home exercise, PT an non-steroidal anti-inflammatory drugs) prior the procedure for at least 4-6 weeks etc. In this case, the worker's working diagnoses are cervical spine sprain strain with the right upper extremity radiculopathy; lumbar sprain strain bilateral lower radiculopathy; left sacroiliac sprain; bilateral shoulder strain; and bilateral wrist sprain. Date of injury is September 18, 2014. Request for authorization is July 24, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization conference July 24, 2015. The utilization review provider requested additional medical records dated January 16, 2015, August 21, 2015 and a pain management report dated July 24, 2015. Additional information was not received. It was a single page for medications ordered dated July 24, 2015. Medications include Fexmid and Anaprox DS. There were no opiates checked off. There were no subjective symptoms or objective findings in the record dated July 24, 2015. According to a June 12, 2015 progress note, subjective complaints included low back pain, leg pain that radiates the left lower extremity. Pain score is 6/10. Objectively, motor strength is 5/5 and there is positive straight leg raising. There is no clinical indication or rationale for a median branch block. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on or about the date of request for authorization and no clinical indication or rationale for a median branch block, bilateral L3 - L4 and L4 - L5 medial branch block injection is not medically necessary.

Urine Drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screening is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the worker's working diagnoses are cervical spine sprain strain with the right upper extremity radiculopathy; lumbar sprain strain bilateral lower radiculopathy; left sacroiliac sprain; bilateral shoulder strain; and bilateral wrist sprain. Date of injury is September 18, 2014. Request for authorization is July 24, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization conference July 24, 2015. The utilization review provider requested additional medical records dated January 16, 2015, August 21, 2015 and a pain management report dated July 24, 2015. Additional information was not received. There was a single page for medications ordered dated July 24, 2015. Medications include Fexmid and Anaprox DS. There were no opiates checked off. There were no subjective symptoms or objective findings in the record dated July 24, 2015. According to a June 12, 2015 progress note, subjective complaints included low back pain, leg pain that radiates the left lower extremity. Pain score is 6/10. Objectively, motor strength is 5/5 and there is positive straight leg raising. There was no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating apparent drug-related behavior, drug misuse or abuse and no contemporaneous clinical documentation on or about the date of request for authorization with a clinical indication or rationale for a urine drug screen, urine drug screening is not medically necessary.