MAXIMUS Federal Services

Case Number:	CM15-0220694		
Date Assigned:	11/16/2015	Date of Injury:	09/12/2011
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 54 year old female who sustained an industrial injury on 09-12-2011. A review of the medical records indicated that the injured worker is undergoing treatment for a bulging lumbar disc, lumbar facet arthropathy, lumbar foraminal stenosis, lumbar radiculitis and osteoarthritis of the sacroiliac (SI) joint. The injured worker is status post a lumbar fusion in 2013 and spinal cord stimulator (SCS) trial (no date documented). According to the treating physician's progress report on 10-22-2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities rated at 7 out of 10 on the pain scale. The injured worker ambulated independently with a non-antalgic gait. Range of motion of the lumbar spine was noted as extension at 0 degrees, flexion at 30 degrees, bilateral lateralization and bilateral rotation at 20 degrees each. Straight leg raise was negative bilaterally. Sacroiliac (SI) distraction test was positive bilaterally. Piriformis provocation test was negative bilaterally. Hip flexion and extension were intact. There was decreased motor strength of left hip abduction and left gastrocnemius. Sensation of the lower extremities was intact bilaterally. Knee deep tendon reflexes of the patellae were 2+ bilaterally and Achilles were absent bilaterally. Right hip extensor strength was 5 out of 5 and 4+ out of 5 on the left. Prior treatments have included diagnostic testing, surgery, lumbar epidural steroid injection, facet injections, physical therapy, spinal cord stimulator (SCS) trial and medications. Current medications were listed as Percocet, Diclofenac DR and Topamax. Computed Tomography (CT) of the lumbar spine dated 06-05-2014 was not included in the review. There were no reports regarding prior urine drug screenings. Treatment plan consists of the current request for left L4, L5 and S1 medial branch blocks and 2 random urine drug screening in a 12 month period. On 10-30-2015 the Utilization Review determined the request for left L4, L5 and S1 medial branch block and 2 random urine drug screening in a 12 month period was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 random urine drug screens in a 12 month period: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Drug Screening. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient is taking controlled substances. According to the clinical documentation provided and current MTUS guidelines; the urine drug screen, as requested, is medically necessary to the patient at this time.

Left L4-L5-S1 medial branch block: 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), Low Back Chapter, Medial branch block, Signs and Symptoms of Facet joint Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an injection/block. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient has undergone previous injections, the functional improvement, if any has not been documented. The patient does not meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; a block/injection, as stated above, is not medically necessary to the patient at this time.