

Case Number:	CM15-0037771		
Date Assigned:	03/06/2015	Date of Injury:	04/30/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male who reported injury on 04/30/2014. The mechanism of injury was while on a school bus, the driver hit a speed bump too fast causing the injured worker to hurt his back. The injured worker was noted to undergo acupuncture. The injured worker utilized physical therapy. His surgical history included a hip replacement with a metal rod in place and rods in the humerus bone. The injured worker was noted to have gastritis. Documentation of 01/16/2015 revealed the injured worker had trialed physical therapy and acupuncture which had not helped. The injured worker indicated he had an MRI. The injured worker was utilizing tramadol to help alleviate pain. The physical examination revealed the injured worker had pain to palpation over the right paraspinal muscles at L3, L4, and L5. The injured worker had a negative straight leg raise. The injured worker had a positive facet loading on the right. Sensation was intact to light touch, pinprick and 2 point discrimination in all dermatomes in the bilateral lower extremities. Strength was intact. Reflexes were intact. The diagnosis included lumbar facet arthropathy and lumbar degenerative disc disease. The treatment plan included a right medial branch nerve block at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 2 Lumbar Epidural Steroid Injection Facet (ESFI) at L3-L5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic blocks (injections) Facet joint medial branch blocks (therapeutic injections), Facet Joint Pain, Signs & Symptoms.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radiculopathy upon physical examination that is corroborated by MRI or electrodiagnostic studies. There should be documentation of a failure of conservative care including physical medicine, exercise, NSAIDs and muscle relaxants. Additionally, the American College of Occupational and Environmental Medicine indicate facet neurotomy should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As the American College of Occupational and Environmental Medicine does not address the specific criteria for medial branch diagnostic blocks, secondary guidelines were sought. The Official Disability Guidelines indicate that medial branch block is not recommended except as a diagnostic tool and the criteria for use should include a clinical presentation including tenderness to palpation of the paravertebral area, normal sensory examination, absence of radicular findings and a normal straight leg raise examination. There should be documentation of a failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. The clinical documentation submitted for review failed to provide the injured worker had radicular findings. There was no MRI submitted for review to support radicular findings. The physician documentation requested as medial branch block; however, the request as submitted was a combination of an epidural steroid injection and a facet injection. Given the above and the lack of clarification, the request for Outpatient 2 Lumbar Epidural Steroid Injection Facet (ESFI) at L3-L5 levels is not medically necessary.

Post-operative Physical Therapy QTY: 9: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for patients who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review fails to provide documentation the injured worker had documented issues of abuse, addition or poor pain control. Given the above, the request for urine analysis is not medically necessary.