

Case Number:	CM15-0053594		
Date Assigned:	03/27/2015	Date of Injury:	08/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/20/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 67-year-old female, who sustained an industrial injury on 08/12/2014. She reported cumulative injury to bilateral wrists associated with numbness, tingling and burning, pain in the neck and shoulders, and an event with low back pain. There was also reported knee pain. Diagnoses include cervical sprain with radiculitis, internal derangement bilateral shoulders, overuse syndrome, bilateral upper extremities, carpal tunnel syndrome, De Quervain's tendinitis, multilevel lumbar disc protrusion, and internal derangement of left knee. She is status post carpal tunnel release for right wrist in 2011 and left wrist in 2012. Treatments to date include medication therapy, physical therapy, cortisone injections, and chiropractic therapy and acupuncture treatments. Currently, she has multiple complaints of pain located in the neck, bilateral shoulder, bilateral wrist, and low back pain with radiation to bilateral lower extremities. The Qualified Medical Examination dated 1/8/15 documented the physical examination included significant findings in the cervical pain, shoulders, wrists, and lumbar spine. The request for this review included medial branch blocks to L3-4, 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:

Random urinary drug screening test: 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), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43 and 78.

Decision rationale: The request for a urinalysis is considered not medically necessary. There is no documentation of chronic narcotics or other controlled substances that would require frequent urinalysis. For narcotics, UDS is appropriate to monitor the 4 A's of opioid monitoring. This includes the monitoring for aberrant drug use and behavior. However, if the patient is not on opioids, there is no need for UDS. Therefore, the request is considered not medically necessary.

Medial branch blocks L3 through S1: 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 Summary Online Version.

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, Facet Joint Diagnostic Blocks.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a nerve block includes back pain that is non-radicular which does apply to this patient. The patient was documented to have non-radiating lower back pain. However, it should only apply to two levels bilaterally. The request is for levels L3-S1. She also has to have documentation that she failed all conservative therapy. Therefore, the request is considered not medically necessary.