

Case Number:	CM15-0054793		
Date Assigned:	03/30/2015	Date of Injury:	03/20/2012
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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

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 female, who sustained a work/ industrial injury on 3/20/12. She has reported initial symptoms of stiffening in the arm, neck, and low back. The injured worker was diagnosed as having bilateral facet pain. Treatments to date included medication, physical therapy, and an epidural steroid injection. Magnetic Resonance Imaging (MRI) was performed with report of facet hypertrophy bilaterally at L3-4, L4-5, and L5-S1. Currently, the injured worker complains of neck and low back pain going into the hips and down her leg. The treating physician's report (PR-2) from 2/10/15 indicated the prior epidural injection was been successful for pain but now has gradually been returning on the right side. Examination reported lumbar flexion at 90 degrees and extension at 0 degrees and on rotation and loading the facet joint, the pain was going directly into the hips bilaterally, and pain with rotation. Straight leg raise (SLR) was positive. There was decreased pain and touch sensation in the left L3-5 nerve root distributions compared to the right. There were decreased reflexes of the knees and ankles compared to the upper extremities. A urine sample was taken to follow the injured workers appropriate use of medication and compliance. Treatment plan included right facet blocks at L3-L4, L4-L5, and L5-S1 and urine test done monthly for compliance of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Facet Blocks at L3-L4, L4-L5, L5-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 Chapter - Facet joint medial branch blocks (therapeutic injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Facet joint diagnostic blocks (injections).

Decision rationale: The patient presents with increasing lower back pain. The current request is for Right Facet Blocks at L3-L4, L4-L5, L5-S1. The treating physician states, "I added tramadol to her medication list last time to try to give her pain relief to avoid repeat injection; however, now the pain is inching further up on the right, the left seems to be in good shape, but the right is starting to become more of a concern. Therefore, I am going to recommend right facet blocks L3-L4, L4-L5, and L5-S1. They seem to give her good six to eight months relief and then she can be pretty much back to regular duty." (48B) The ODG guidelines state, "Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. No more than 2 facet joint levels are injected in one session." In this case, the treating physician has documented that Opiates have failed but did not document if other conservative treatments have also failed. Additionally, the treating physician is asking for 3 facet joint levels which would exceed the recommended guidelines. The current request is not medically necessary and the recommendation is for denial.

Urine test done monthly for compliance of medications: 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), Pain Chapter, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89. Decision based on Non-MTUS Citation ODG Online Pain chapter UDS.

Decision rationale: The patient presents with increasing lower back pain. The current request is for Urine test done monthly for compliance of medications. The treating physician states, "Urine Test. Patient is taking Tramadol." (32B) The treating physician also documents that they give the patient monthly urine drug screens and the tests are always consistent. (66B) The MTUS guidelines state that for opioid usage, "Urine drug screens may be required." The ODG guidelines only recommend monthly urine drug tests for patients who are at "high risk" for addiction/aberrant behaviors. "Moderate risk" patients are tested 2-3 times a year and "low risk" patients are only tested once a year. In this case, the treating physician has not documented any signs that this patient would be considered "high risk" and monthly urine drug screens would not be required. The current request is not medically necessary and the recommendation is for denial.

