

Case Number:	CM15-0088507		
Date Assigned:	05/12/2015	Date of Injury:	02/05/2014
Decision Date:	07/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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

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 48 year old female, who sustained an industrial injury on February 5, 2014. The injured worker sustained head, neck and right ear injuries while working as a housekeeper. The mechanism of injury was a slip and fall. The diagnoses have included tinnitus, right temporomandibular joint syndrome, residual ear pain, right trapezius strain, cervical strain, thoracic strain and lumbar strain. Treatment to date has included medications, radiological studies, physical therapy and cervical epidural steroid injection. Documentation dated September 4, 2014 notes that the injured worker received physical therapy which was helping the pain. The injured workers right ear was noted to be hurting. Documentation dated November 21, 2014 revealed that the injured worker had tenderness over the right masticator muscle and right tempomandibular joint. The auricle, ear canal and eardrums were normal. According to a March 31, 2015 report, the injured worker has decreased sensation in the upper and lower extremities and straight leg raising is positive on the right. MRI has revealed neuroforaminal compression. The treating physician's plan of care included requests for a urinalysis drug screen, psych/cognitive behavior therapy evaluation and treatment one times a week for six weeks, lumbosacral brace and bilateral facet medial branch blocks, lumbar three-lumbar four-lumbar five with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addition (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for Urinalysis drug screen is not medically necessary and appropriate.

Referral to psych/cognitive behavioral therapy eval/treat 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: According to the MTUS guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The medical records note that Utilization Review has allowed for a psychological evaluation. It would be reasonable to await the results of the psychological evaluation prior to proceeding with treatment. The request for Referral to psych/cognitive behavioral therapy eval/treat 1 x 6 is not medically necessary and appropriate.

Lumbosacral brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the CA MTUS ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker is in the chronic phase of injury and the medical records do not establish evidence of

compression fractures, spondylolisthesis or documented instability to support the request for lumbar brace. The request for Lumbosacral brace is not medically necessary and appropriate.

Bilateral lumbar facet medial branch blocks L3, L4, L5 w/fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to ODG, suggested indicators of pain related to facet joint pathology include absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. In this case, the injured worker is noted to have evidence of radiculopathy stemming from the lumbar spine on clinical exam and imaging studies. The request for Bilateral lumbar facet medial branch blocks L3, L4, L5 w/fluoroscopy is therefore not medically necessary and appropriate.