MAXIMUS Federal Services

Case Number:	CM13-0069210		
Date Assigned:	01/03/2014	Date of Injury:	12/10/2002
Decision Date:	10/07/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 York
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on December 10, 2002. She reported an injury to her low back, bilateral upper extremities, and bilateral lower extremities in a slip and fall incident. The injured worker was diagnosed as having lumbar disc disease, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. The injured worker was evaluated by in a pain management consultation on November 22, 2013. She complained of low back pain and noted locking of the back and stiffness. The injured worker described her pain as sharp and stabbing pain down the bilateral legs with associated weakness. She had swelling of the ankles and noted difficulty getting out of bed. She rated her pain a 5-8 on a 10-point scale. Treatment to date has included physical therapy, home exercise program, acupuncture therapy, NSAIDS, opioid medications, radiofrequency rhizotomy left sacroiliac joint injections, and lumbar transforaminal epidural steroid injection. A request was received on December 5, 2013 for urine drug screen, LSO brace and bilateral sacroiliac joint rhizotomy. The Utilization Review physician modified the request for urine drug screen and found the requests for bilateral sacroiliac joint rhizotomy and LSO brace to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint rhizotomy: 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), Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medial Branch Blocks/Radiofrequency Ablation.

Decision rationale: Medial branch blocks (MBBs) and radiofrequency ablations (RFA) are accepted pain management interventional techniques. According to the ODG, medial branch blocks (MBBs) are generally considered diagnostic blocks. While not recommended, criteria for use of medial branch blocks are as follows: 1) no more than one therapeutic intra-articular block is recommended. 2) There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of 6 weeks) the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the MBB is positive). 4) No more than 2 joint levels may be blocked at any one time. In this case, ODG does not recommend sacroiliac joint radiofrequency ablation due to significant variation in innervation and a lack of consensus of a reliable way to denervate the joint. Medical necessity for the requested bilateral sacroiliac joint rhizotomy has not been established. The requested procedure is not medically necessary.

Urine drug testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient is maintained on Vicodin for pain control and is being evaluated by a pain management specialist for the first time. A urine drug screen is appropriate. Medical necessity for the requested item is established. The requested item is medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care.

Decision rationale: According to the ACOEM guidelines, lumbar binders, corsets, or support belts are not recommended as treatment for low back pain. The guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. In addition, the guidelines do not recommend lumbar braces for treatment of low back pain. Medical necessity for this item has not been established. Therefore, the lumbar brace is not medically necessary.