

Case Number:	CM14-0054097		
Date Assigned:	07/07/2014	Date of Injury:	10/07/2008
Decision Date:	02/25/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/23/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of October 7, 2008. In a Utilization Review Report dated March 24, 2014, the claims administrator failed to approve a request for facet rhizotomy procedure, approved a rheumatology consultation, approved a neurosurgery consultation, and denied a urine drug screen. The claims administrator referenced a February 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On February 11, 2014, the applicant reported ongoing complaints of low back pain, 6/10, radiating to the bilateral lower extremities. The applicant was status post one lumbar epidural steroid injection and one shoulder corticosteroid injection. The applicant was status post left shoulder surgery in 2010, it was further noted. The applicant was asked to continue home exercise. Urine drug testing was endorsed. It was suggested that the applicant was using tramadol, Flexeril, and Naprosyn, although the attending provider did not detail the applicant's complete medication list. The applicant was placed off of work, on total temporary disability. A neurosurgery consultation and rheumatology consultation were endorsed. Facet rhizotomy procedures were endorsed. The attending provider acknowledged that he previously endorsed epidural steroid injections and sacroiliac joint blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet 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, Low Back, Facet Joint Radiofrequency Neurotomy, Facet Joint Diagnostic Blocks (Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301; Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the proposed facet rhizotomy procedure is a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish a limited role for facet neurotomy procedure/facet rhizotomy procedure in applicants who have had successful diagnostic medial branch blocks, here, however, the applicant's presentation is not, in fact, consistent with facetogenic low back pain for which facet rhizotomy procedures could be considered. The applicant's continued complaints of low back pain radiating to the bilateral lower extremities, left greater than right, coupled with the fact that the applicant had previously undergone at least one epidural steroid injection, suggested that the applicant's primary pain generator was/is, in fact, lumbar radiculopathy as opposed to facetogenic low back pain for which the facet rhizotomy procedure at issue could be considered. The request, thus, is not indicated both owing to (a) unfavorable ACOEM position on the article at issue and (b) the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. Official Disability Guidelines Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, attempt to categorize the applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did not clearly state or identify which drug tests and/or drug panels he intends to test for on the February 11, 2014 progress note. The attending provider did not signal his intention to eschew confirmatory and/or

quantitative testing. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. It is not clearly stated when the applicant was last tested. Since several Official Disability Guidelines criteria for pursuit of drug testing were not met, the request is not medically necessary.