

Case Number:	CM15-0005631		
Date Assigned:	01/20/2015	Date of Injury:	06/11/2014
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male, who sustained an industrial injury on June 11, 2014. He has reported low back, hip, sciatica, and leg nerve pain. The diagnoses have included lumbar spondylosis without myelopathy/facet arthrosis, lumbar disc degeneration, lumbago, sacroilitis, femero-acetabular dysfunction, superior acetabular tear, and minimal trochanteric bursitis. Treatment to date has included non-steroidal anti-inflammatory and muscle relaxant medications, short-acting and long-acting pain medications, work modifications, physical therapy, and urine drug screening. X-rays of the lumbar spine revealed small multilevel Schmorl's node, mild disc space loss of lumbar 3-lumbar 4 and lumbar 5-sacral 1, and lumbar 5-sacral 1 facet arthritis. On July 22, 2014, a magnetic resonance imaging (MRI) revealed mild right hamstring origin strain, superior acetabular tear, and minimal trochanteric bursitis. The 2014 MRI of the lumbar spine showed multilevel disc bulges, and moderate to severe foraminal stenosis. Currently, the injured worker complains of lower back pain with radiation to the postero-lateral thigh, calf, and foot. He has an abnormal gait, back pain, joint pain, morning stiffness, and muscle spasms. The physical exam revealed limited range of motion of the lumbar spine, spinous process tenderness of lumbar 3, lumbar 4, and lumbar 5. Heel and toe walk was normal. There were positive lumbar facet loading, positive Gaenslen's, negative piriformis stretch, positive right straight leg raise, positive FABER's test, and decreased right ankle jerk and normal on the left, and a non-antalgic gait. Sensation was intact and the reflexes were equal and symmetric in all extremities. On 11/10/2014 there was subjective request to decrease pain medications. The medications listed are Soma, Norco, Skelaxin and Nortriptyline. On December 5, 2014, the injured worker submitted an

application for IMR for review of a request for a random urine drug screen, lumbar facet joint injection at L3-4 Qty. 1, lumbar facet joint injection at L4-5 Qty. 1, and lumbar facet joint injection at L5-S1 Qty. 1. The random urine drug screen was modified based on lack of significant risk for opioid abuse/addiction. The Official Disability Guidelines (ODG) and California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited. The lumbar facet joint injections at L3-4, L4-5 and L5-S1 were non-certified based on facet joint injections are supported where there is an active radiculopathy. The Official Disability Guidelines (ODG) and California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen qty: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids. Urine Drug Testing

Decision rationale: The CA MTUS and the ODG guidelines recommend that compliance monitoring be documented during chronic opioids treatments. It is recommended that Urine Drug Testing can be undertaken at initiation and then randomly up to 3 times year during chronic opioids treatment. The frequency of the testing can be increased for 'cause' such as the presence of aberrant behavior or a 'red flag' condition. The records indicate that the patient is utilizing opioids and other sedative medications. There is documentation subjective request to wean and discontinue the opioid medication. There is no documentation of aberrant or 'red flag' behavior. The records did not support the requested number of 4 UDS tests. The criteria for the Random Urine Drug Screen quantity 4 was not met.

Lumbar facet joint injection, L3-4: 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 Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back Facet Injections

Decision rationale: The CA MTUS did not address the utilization of lumbar facet injections for the treatment of low back pain. The ODG guidelines recommend that lumbar facet joint injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate that the

patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. There is a pending request for lumbar epidural steroid injections to treat the radicular pain. The guidelines recommend lumbar epidural steroid injections for the treatment of lumbar radiculopathy not facet joint injections. The criteria for lumbar facet injection L3-L4 was not met.

Lumbar facet joint injection L4-5: 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 Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back Facet Injections

Decision rationale: The CA MTUS did not address the utilization of lumbar facet injections for the treatment of low back pain. The ODG guidelines recommend that lumbar facet joint injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. There is a pending request for lumbar epidural steroid injections to treat the radicular pain. The guidelines recommend lumbar epidural steroid injections for the treatment of lumbar radiculopathy not facet joint injections. The criteria for lumbar facet injection L4-L5 was not met.

Lumbar facet joint injection 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, Low Back, Facet Joint Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Low and Upper Back, Facet Injections.

Decision rationale: The CA MTUS did not address the utilization of lumbar facet injections for the treatment of low back pain. The ODG guidelines recommend that lumbar facet joint injections can be utilized for the treatment of non radicular low back pain of facet origin when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. There is a pending request for lumbar epidural steroid injections to treat the radicular pain. The guidelines recommend lumbar epidural steroid injections for the treatment of lumbar radiculopathy not facet joint injections. The criteria for lumbar facet injection L5-S1 was not met.