

Case Number:	CM15-0011185		
Date Assigned:	01/29/2015	Date of Injury:	04/15/2013
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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 62 year old female who sustained an industrial injury reported on 4/15/2013, versus 6/8/2013. She has reported constant radiating neck pain. The diagnoses have included cervical disc disease; cervical radiculopathy; and cerebral concussion and post-concussion syndrome. Treatments to date have included consultations; diagnostic imaging studies; electrodiagnostic studies (5/5/14); epidural steroid injection (11/14/14); physical therapy; acupuncture therapy; and medication management with no driving while on medications. The work status classification for this injured worker (IW) was noted to be back to work with full duties. On 1/7/2015 Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/16/2014, for a left cervical 4-5 and cervical 5-6 medial branch blocks, and a urine toxicology screening test. The Medical Treatment Utilization Schedule, chronic pain treatment guidelines, medial branch blocks, urine drug screening/toxicology testing, opioids screening for risk of addiction; and Official Disability Guidelines, lumbar spine facet joint diagnostic blocks/injections, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C4-5 and C5-6 medial branch blocks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Spine, Facet joint diagnostic blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation neck back chapter under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 12/16/2014 report, this patient presents with a 7-8/10 neck pain that is constant, aching, and radiating to the head. The current request is for left C4-C5 and C5-C6 medial branch block. The request for authorization is on 12/16/2014. Regarding medial branch blocks, MTUS does not address it, but ODG neck chapter recommends it for "cervical pain that is non-radicular and at no more than two levels bilaterally." The medical reports provided for review indicates that the patient underwent left C4-C5 and C5-C6 transfacet epidural steroid injection and the patient "no longer have radicular symptoms on examination after the transfacet epidural steroid injection" on 11/14/2014. In this case, the provided reports do not show evidence of prior MBB being done and the patient has facet tenderness at C4-C6. Therefore, the requested MBB is supported by the ODG Guidelines. The request is medically necessary.

Urine tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: According to the 12/16/2014 report, this patient presents with a 7-8/10 neck pain that is constant, aching, and radiating to the head. The current request is for Urine tox screen. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the treating physician does not indicate that the patient is prescribed opiates. The treating physician did not explain why a UDS is needed when the patient is not on opiate therapy. The last toxicology screening was three months ago. ODG Guidelines support yearly urine screen following initial screening with the first 6 months for management of chronic opiate use; for which is not indicated in this patient. The request IS NOT medically necessary.