

Case Number:	CM15-0016231		
Date Assigned:	02/04/2015	Date of Injury:	04/19/2001
Decision Date:	03/20/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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, with a reported date of injury of 04/19/2001. The diagnoses include low back pain, lumbar disc degeneration, lumbar disc displacement, lumbar radiculopathy, and sciatica. Treatments have included an MRI of the lumbar spine on 08/12/2014, chiropractic treatment, non-steroidal anti-inflammatory drugs (NSAIDs), opioids, topical pain medication, and muscle relaxers. The medical report dated 12/15/2014 indicates that the injured worker complained of low back pain and bilateral lower extremity pain. The medical records provided the report for a urine drug test performed on 09/10/2014. The medical report dated 01/07/2015 indicates that the injured worker's average pain level was 8 out of 10. The injured worker reported that the pain patches did not work for her. She was unable to cook a meal, stand long enough to do general house work or laundry. The injured worker's current pain level was rated an 8-9 out of 10. The physical examination of the lumbar back showed continued tenderness at the L4-L5 and L5-S1 levels, and continued radicular pain consistent with an L5 pattern. The treating physician requested a bilateral lumbar medial branch block to determine how much the facets were actually contributing to the injured worker's pain and urine drug test due to moderate opioid risk given her ongoing depression and anxiety. On 01/16/2014, Utilization Review (UR) denied the request for an outpatient bilateral lumbar medial branch block at L5-S1 and retrospective request for a urine drug test (date of service: 01/07/2015). The UR physician noted that there was no sufficient objective documentation of axial back pain, and no documentation of provider concerns over the injured worker's use of illicit drugs or non-

compliance with prescription medications. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One outpatient bilateral lumbar medial branch block at the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: This 62 year old female has complained of low back pain since date of injury 4/19/01. She has been treated with physical therapy and medications. The current request is for one outpatient bilateral lumbar medial branch block at the L5-S1 level. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, bilateral lumbar medial branch block at the L5-S1 level is not indicated as medically necessary.

One urine drug test, provided on January 7, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 62 year old female has complained of low back pain since date of injury 4/19/01. She has been treated with physical therapy and medications to include opioids since at least 08/2014. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.