

Case Number:	CM15-0116166		
Date Assigned:	06/24/2015	Date of Injury:	11/17/2008
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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, 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 injured worker is a 62 year old female, who sustained an industrial injury on November 17, 2008, incurring low back injuries. She was diagnosed with lumbar intervertebral disc disease without myelopathy, right lower extremity complex regional pain syndrome and sacroiliitis. She underwent two lumbar fusions. Treatment included physical therapy, epidural steroid injection, chiropractic sessions, rest, medication management and a home exercise program. Currently, the injured worker complained of ongoing back pain radiating into the right leg with tingling and spasms into the right foot. On examination, there was limited range of motion, edema, skin color changes, temperature changes and weakness in the right foot and ankle. The treatment plan that was requested for authorization included a hardware block injection and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware block injection: 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 - Hardware injection block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, hardware blocks.

Decision rationale: The injured worker is a 62 year old female, who sustained an industrial injury on November 17, 2008, incurring low back injuries. She was diagnosed with lumbar intervertebral disc disease without myelopathy, right lower extremity complex regional pain syndrome and sacroiliitis. She underwent two lumbar fusions. The claimant complains of back pain radiating into the right leg with tingling and spasms into the right foot. The MTUS was silent. Regarding hardware blocks, the ODG notes: Recommended only for diagnostic evaluation of failed back surgery syndrome. This injection procedure is performed on patients who have undergone a fusion with hardware to determine if continued pain is caused by the hardware. If the steroid/anesthetic medication can eliminate the pain by reducing the swelling and inflammation near the hardware, the surgeon may decide to remove the patient's hardware. (Guyer, 2006) In this case, the pain has more radicular components, than focal hardware pain. The diagnostic role therefore of a hardware block is unclear. The request was appropriately non-certified and is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Urine Drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: As shared earlier, the injured worker is a 62 year old female, who sustained an industrial injury on November 17, 2008, incurring low back injuries. She was diagnosed with lumbar intervertebral disc disease without myelopathy, right lower extremity complex regional pain syndrome and sacroiliitis. She underwent two lumbar fusions. No drug issues are mentioned. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids and (4) On-Going Management; Opioids, differentiation: dependence and addiction; Opioids, screening for risk of addiction (tests); and Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria and is not medically necessary.