

Case Number:	CM15-0172182		
Date Assigned:	09/14/2015	Date of Injury:	11/20/2013
Decision Date:	10/14/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 44 year old female who sustained an industrial injury on 11-20-2013. Current diagnoses include chronic lumbago, facet arthropathy L4-5 and L5-S1, and L4-5 stenosis without radiculopathy. Report dated 08-17-2015 noted that the injured worker presented with complaints that included low back pain with pain radiating from the left knee through the shin. Pain level was 5-6 (with medications) and 9-10 (without medications) out of 10 on a visual analog scale (VAS). Current medications include Norco and Motrin. Physical examination performed on 08-17-2015 revealed palpable tenderness over the bilateral L4-5 and L5-S1 paraspinal musculature, decreased range of motion, mild effusion about the left knee, and mild crepitation of the left patella. Previous diagnostic studies included urine a urine drug screening, a lumbar spine MRI and lumbar x-rays. Previous treatments included medications and therapy. The treatment plan included requests for a pain management consultation for consideration of facet blocks bilaterally, given prescriptions for Motrin and Norco, follow up in 4-6 weeks, and the patient may undergo a random urine toxicology screening to verify medication compliance. Currently the injured worker is temporarily partially disabled, and is to remain on modified duty. If restrictions cannot be accommodated then she is temporarily totally disabled. The utilization review dated 08-26-2015, modified the request for a consultation with a pain management specialist for consideration of a bilateral L4-5 and L5-S1 facet block, and random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a Pain Management Specialist (consideration of Bilateral L4-5 and L5-S1 facet block): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS Guidelines give wide leeway to the treating physicians requests for specialty evaluation/consultation. It is medically reasonable and common for an orthopedic surgery specialist to refer to a pain management specialist. If the pain management specialist requests a specific procedure or medication this request can be reviewed at that point in time for medical necessity. The request for Consultation with a Pain Management Specialist (consideration of Bilateral L4-5 and L5-S1 facet block) is supported by Guidelines and is medically necessary.

Random Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Screens.

Decision rationale: Guidelines support the appropriate use of drug screening for individuals utilizing long term opioids. The ODG Guidelines provide significant detail regarding the appropriate type and frequency of urine drug screening. There is no record of previous drug screening. The requested Random Urine Drug Screen is supported by Guidelines and is medically necessary. If the type of drug screen performed does not meet Guideline standards, it can be reviewed on a retrospective basis.