

Case Number:	CM15-0172468		
Date Assigned:	09/14/2015	Date of Injury:	05/14/2014
Decision Date:	10/13/2015	UR Denial Date:	08/31/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 31-year-old male who sustained an industrial injury on May 14, 2014. Diagnoses have included lumbar disc disease a5 L4-5 and L5-S1, lumbar facet syndrome, and left sacroiliac joint sprain or strain. The August 5, 2015 physician report states he has "failed conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest and home exercise program." Documented medication includes Ibuprofen and Flexeril. The injured worker continues to report low back muscle spasms and a pain rating of 9 out of 10, with numbness and tingling radiating down the right leg. The August 5, 2015 physician assessment revealed trigger points at the lower thoracic and upper lumbar region on the left side, and three positive orthopedic tests. The treating physician's plan of care includes Bilateral L3-L5 medial branch blocks stated to be used as a diagnostic trial to determine the origin of pain; a left sacroiliac joint injection, and a urine drug screen. These requests were denied August 31, 2015. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 to L5 medical branch blocks: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic) updated 7/17/2015.

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-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in May 2014 as the result of a cumulative trauma with repetitive bending towards the left while working at a desk. He was seen for an initial evaluation by the requesting provider. He was having low back pain rated at 9/10 with symptoms including numbness and tingling into the right leg to the fifth toe with cramping. He was having lumbar spasms. Prior treatments are referenced as having included physical therapy, chiropractic care, medications, and a home exercise program. Physical examination findings and antalgic gait. There was diffuse lumbar and facet tenderness with left upper back trigger points. Left sacroiliac joint testing was positive. Straight leg raising, Farfan, and Kemp's testing was positive bilaterally. There was decreased lumbar range of motion. There was a normal neurological examination. Authorization for bilateral lumbar medial branch blocks, a left sacroiliac joint injection, and urine drug screening was requested. Medications were Ibuprofen and Flexeril. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant was having low back pain. He had right lower extremity numbness and tingling rather than radicular pain. Farfan testing was positive. The criteria are met and the requested lumbar medial branch block procedure is medically necessary.

Left sacroiliac joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic) updated 7/17/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work injury in May 2014 as the result of a cumulative trauma with repetitive bending towards the left while working at a desk. He was seen for an initial evaluation by the requesting provider. He was having low back pain rated at 9/10 with symptoms including numbness and tingling into the right leg to the fifth toe with cramping. He was having lumbar spasms. Prior treatments are referenced as having included physical therapy, chiropractic care, medications, and a home exercise program. Physical examination findings and antalgic gait. There was diffuse lumbar and facet tenderness with left upper back trigger points. Left sacroiliac joint testing was positive. Straight leg raising, Farfan, and Kemp's testing was positive bilaterally. There was decreased lumbar range of motion. There was a normal neurological examination. Authorization for bilateral lumbar medial branch blocks, a left sacroiliac joint injection, and urine drug screening was requested. Medications

were Ibuprofen and Flexeril. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, the mechanism of injury is consistent with left sacroiliac joint mediated pain. Three positive diagnostic tests are documented and prior conservative treatments for more than 6 weeks over the past year is referenced. The injection meets coverage criteria. It is considered medically necessary.

Urine Drug Screen: 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 - Lumbar & Thoracic (Acute & chronic) updated 7/17/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in May 2014 as the result of a cumulative trauma with repetitive bending towards the left while working at a desk. He was seen for an initial evaluation by the requesting provider. He was having low back pain rated at 9/10 with symptoms including numbness and tingling into the right leg to the fifth toe with cramping. He was having lumbar spasms. Prior treatments are referenced as having included physical therapy, chiropractic care, medications, and a home exercise program. Physical examination findings and antalgic gait. There was diffuse lumbar and facet tenderness with left upper back trigger points. Left sacroiliac joint testing was positive. Straight leg raising, Farfan, and Kemp's testing was positive bilaterally. There was decreased lumbar range of motion. There was a normal neurological examination. Authorization for bilateral lumbar medial branch blocks, a left sacroiliac joint injection, and urine drug screening was requested. Medications were Ibuprofen and Flexeril. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. Although opioid medication had been prescribed previously, there are no identified issues of abuse or addiction. Therefore, urine drug screening was not medically necessary.