

Case Number:	CM15-0065584		
Date Assigned:	04/13/2015	Date of Injury:	03/01/2013
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 67 year old female, who sustained an industrial injury on 3/1/2013. She reported cumulative injury of the back and right leg. The injured worker was diagnosed as having lumbago, low back pain, pain of foot/leg/arm/finger, and hip/pelvic pain. Treatment to date has included medications, physical therapy, electrodiagnostic studies, computed tomography scan, ultrasound, and magnetic resonance imaging. The request is for 2 lumbar spine medial branch blocks, one pelvic belt, and a urine drug screen. She complains of low back, right hip, right leg, right knee, and calf and foot pain on 2/5/2015. She reported physical therapy was not helpful. The treatment plan included request for lumbar medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Lumbar Spine Medial Branch Blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: Guidelines recommend lumbar spine medial branch blocks in cases where there is no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the patients did not show clinical findings which isolate the facet joints involved. In addition, the patient underwent courses of physical therapy with reported benefit. The request for lumbar spine medial branch block is not medically necessary and appropriate.

1 Pelvic Belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Guidelines recommend durable medical equipment if there is a medical need. In this case, the patient had used a pelvic belt during a course of physical therapy. However, guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase. The medical necessity for the pelvic belt has not been established. The request for pelvic belt is not medically necessary and appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Urine drug testing (UDT) Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening.

Decision rationale: Guidelines support use of frequent urine drug screens to avoid misuse of opioids. In this case, the patient was not utilizing any controlled substances that would require urine drug testing to ensure appropriate use. The request for urine drug screening is not medically appropriate and necessary.