

Case Number:	CM15-0095957		
Date Assigned:	05/22/2015	Date of Injury:	10/14/2013
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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 45-year-old female, who sustained an industrial injury on 10/14/2013, due to cumulative trauma. The injured worker was diagnosed as having lumbar disc disease, lumbar facet syndrome, bilateral knee sprain/strain, and bilateral sacroiliac joint arthropathy. Treatment to date has included diagnostics, physical therapy, chiropractic, medication, rest, home exercise program, and medial branch block. Currently (4/14/2015), the injured worker complains of constant low back pain, increased with extension and lateral bending. Her pain was described as achy and slightly decreased since last visit, but not rated. She underwent bilateral L4 through S1 medial branch block on 3/16/2015 (significant nausea afterwards), and reported 80% pain relief for 3-4 days. She was able to bend and stoop with greater ease and able to go to work with less flare-ups. She took medication regularly to help with pain, unspecified regime. Exam noted an antalgic gait, diffuse tenderness to palpation over the lumbar paravertebrals, moderate tenderness to palpation over the lumbar facets at L4-S1, positive bilateral sacroiliac tenderness, Fabere/Patrick, sacroiliac thrust test, Kemp's test, Farfan test, and decreased range of motion. Motor and sensory exams were intact. The treatment plan included bilateral L4-S1 medial branch facet rhizotomy/neurolysis. Urine toxicology was performed to ensure medication compliance. Urine toxicology (1/27/2015) was submitted and did show the presence of Nortriptyline and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 Medical Branch Facet Rhizotomy/Neurolysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Radiofrequency Neurotomy, Injections.

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), Facet joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work-related injury in October 2013 and continues to be treated for low back, buttock, and knee pain. Urine drug screening was performed in January 2015. Diagnostic medial branch blocks done in March 2015 had been positive for 80% pain relief lasting for 3-4 days with improved flexibility and less flare-ups of back pain while working. When seen, physical examination findings included lumbar facet tenderness and pain with lumbar extension and side bending. Authorization for medial branch radiofrequency ablation and urine drug screening was requested. Criteria for use of facet joint radiofrequency neurotomy include a diagnosis of facet joint pain using medial branch blocks, that no more than two joint levels are performed at one time, and that there is evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case, the claimant has failed to benefit from prior conservative treatments. A diagnosis of facet joint pain is supported by his response to diagnostic medial branch blocks. A continued home exercise program and medication management would be expected after the procedure. The requested medial branch radiofrequency nerve ablation meets the applicable criteria and is therefore medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in October 2013 and continues to be treated for low back, buttock, and knee pain. Urine drug screening was performed in January 2015. Diagnostic medial branch blocks done in March 2015 had been positive for 80% pain relief lasting for 3-4 days with improved flexibility and less flare-ups of back pain while working. When seen, physical examination findings included lumbar facet tenderness and pain with lumbar extension and side bending. Authorization for medial branch radiofrequency ablation and urine drug screening was requested. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test result that would be inconsistent with the

claimant's prescribed medications. Therefore this request for urine drug screening less than one year after the previous testing was not medically necessary.

