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| Case Number: | CM13-0001570 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/13/2010 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 07/10/2013 |
| Priority: | Standard | Application Received: | 07/15/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who reported an injury on 6/13/10; she was repositioning a patient when she turned to move some pillows, and subsequently felt a sharp pain in her lower back. The patient was diagnosed with displacement of intervertebral disc, site unspecified, without myelopathy; displacement of lumbar intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis, unspecified; and cervicgia. The patient continues to complain of low back pain. The physical examination of extremity revealed thoracolumbar hyperlordosis with a deep groove in the rostral lumbar region, slight asymmetry of the infracostal creases, denser on the left than right, suggesting mild dextroscoliosis, and palpation tenderness of the right fibular neck. The neurological exam revealed diminished bulk of the right thenar eminence, 4/5 paresis of the bilateral opponens pollicis, and an unremarkable gait. Sensory examination revealed light touch was reported diminished in the left dorsal web space and the bilateral ulnar 5th digit. Light touch was also diminished in the lateral four toes of the bilateral feet. The patient was being treated with Cymbalta 60mg daily, aspirin occasionally, Vicodin occasionally, Tramadol three times a day, Flexeril occasionally, and Xanax 0.5mg every night. An unofficial MRI of the cervical spine dated 2/27/13 describes straightening of cervical lordosis. The MRI of the spine dated 11/12/11 described intervertebral disc herniations at L4, L5, and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug screen every three months for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The California MTUS states that drug testing is recommended as an option to assess the use of, or the presence of, illegal drugs; for ongoing management of patients on opioids; and for documentation of misuse of medications. The patient continued to complain of low back pain and was being treated with medications. Her previous urine drug screen test stated result is expected with prescription medications of the Hydrocodone, Hydromorphone, and acetaminophen. Also, there is no indication in the clinical documentation that the patient has had a urine drug screen come back with unexpected results. The clinical documentation submitted for review does not indicate that the patient had any history of addiction or aberrant behavior. Given the lack of documentation to support guideline criteria, the request is non-certified.

labs: CMP, hepatic function panel, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/hw4260.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on www.labtestonline.org

Decision rationale: The California MTUS/ACOEM and ODG do not address this request. According to labtestsonline.org, a comprehensive metabolic panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. A hepatic function panel is used to screen for, detect, evaluate, and monitor acute and chronic liver inflammation (hepatitis), and liver disease and/or damage to check how well the liver is functioning. A complete blood count (CBC) is performed as part of a routine medical exam, when you have signs and symptoms that may be related to a condition that affects blood cells, and/or at regular intervals to monitor treatment or when you are receiving treatment known to affect blood cells; it gives important information about the kinds and number of cells in the blood. Although the patient continued to complain of low back pain, the clinical documentation submitted for review does not indicate a medical necessity for labs at this time. The documentation did not indicate any comorbidities that would require labs be taken for this patient. There was also no indication of abnormal lab values on the lab that was submitted for review. Given the lack of documentation to support guideline criteria, the request is non-certified.

three follow-up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California MTUS/ACOEM does not address this request. The Official Disability Guidelines recommend office visits as medically necessary. The guidelines state that outpatient visits to doctors play a critical role in proper diagnosis and return to function of an injured worker. The patient continued to complain of pain to the low back area. However, the clinical documentation submitted for review does not indicate a change in the patient's symptomatology. Given the lack of documentation to support guideline criteria, the request is non-certified