

<b>Case Number:</b>	CM13-0024966		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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:

This patient is a 58-year-old female with date of injury of 04/09/2012. Per treating physician's report from 08/13/2013, patient presents with daily and continuous low back pain with varying intensity extending into the left hip, buttocks, legs, down to her feet. Patient also has left hip and thigh pain at an intensity of 7/10. Patient has continuous left knee pain and left ankle pain. Current medications listed are: aspirin, captopril, Lipitor, Motrin. Patient is currently not working. Examination shows antalgic gait favoring the right lower extremity, using a cane for ambulation, palpatory tenderness in left upper buttock and over the greater trochanter. Patient had reduced range of motion and some weakness in the hip flexion at 4/10; other muscle groups were normal. Under diagnostic studies, x-rays were from 04/11/2012 and MRIs from 05/20/2012 of the lumbar spine. MRI of the left knee was from 12/22/2012. MRIs of the left hip and left ankle were from 12/22/2012 as well. Another set of MRIs of the left knee from 07/06/2013 and MRI of the lumbar spine from 02/04/2013. The treating physician's listed diagnoses are: 1) moderately severe facet arthropathy; 2) degenerative disk disease; 3) lateral recess stenosis at L3 to S1; 4) lumbar radiculopathy; 5) left knee medial meniscal tear. Recommendations were for diagnostic facet blocks at L3 to S1 and pain management consultation as well as lumbar epidural steroid injection. Patient was also recommended for steroid injection of the left knee and the patient was given a prescription for a trial of tramadol 50 mg and continues Motrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST DOS: 8/13/13 XRAYS OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography (x-rays), Indications for imaging -- Plain X-rays

**Decision rationale:** This patient presents with persistent low back pain with radiation into the lower extremity. The request is for x-rays of the lumbar spine which were obtained from 08/13/2013. Review of the treating physician's report from 08/13/2013 shows that the patient previously had x-rays of the lumbar spine from 04/11/2012 that showed no fracture or dislocation, but small osteophytes at multiple levels and mild space narrowing at L2-L3 and L3-L4. It appears that the treating physician obtained another set of x-rays on his initial evaluation from 08/13/2013, but he does not provide any rationale as to why another set of x-rays were obtained when he reviewed prior x rays from a year ago. MTUS guidelines do not discuss x-rays. ACOEM guidelines may apply to acute or sub-acute, and this patient's injury is from 2012. Therefore, ODG guidelines are consulted. For plain x-rays, lumbar spine trauma with neurologic deficit, tenderness, seatbelt fractures are required. For uncomplicated low back pain: traumas, steroids, osteoporosis, over 70, suspicion of cancer, infection are required. For conditions of myelopathy, also x-rays are recommended as well as postsurgical evaluation for fusion. In this case, none of these criteria apply. It would appear that the treating physician obtained x-rays on routine basis as part of initial evaluation. There does not appear to be guidelines support for the x-rays obtained on 08/13/2013, particularly when previous x-rays were reviewed from 2012. The recommendation is for denial.

**RANDOM URINE TOXICOLOGY SCREENING: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Testing.

**Decision rationale:** This patient presents with chronic pain of the low back and left knee. The treating physician has obtained random urine drug screen on his initial visitation on 08/13/2013. Review of the reports show that there was a previous urine drug screen from 05/14/2013 by another physician. Review of the treating physician report from 08/13/2013 shows that the patient was started on tramadol. MTUS guidelines consider use of urine drug screen appropriate for management of opiates to manage potential abuse. In this case, tramadol is a synthetic opioid and thus require drug screen monitoring. While MTUS guidelines do not specifically discuss frequency of urine drug screen, ODG guidelines recommend initial urine drug screen within the first 6 months followed by once-a-year urine drug screen for low-risk opiate users. In this case,

the treating physician provided a urine drug screen on his first visit while prescribing the patient tramadol. This appears reasonable and consistent with the guidelines discussed above. Recommendation is for authorization.