

Case Number:	CM13-0029699		
Date Assigned:	11/27/2013	Date of Injury:	03/01/2011
Decision Date:	01/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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 Internal Medicine, has a subspecialty in Cardiovascular Disease 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 61-year-old male who reported an injury on March 01, 2011. The patient is currently diagnosed with lumbago, lumbosacral radiculitis, and lumbar spine stenosis. The patient was recently evaluated by [REDACTED] on July 31, 2013. The patient reported persistent pain to the lower back. Physical examination revealed limited range of motion, palpable tenderness in the center of the lumbar spine and paraspinous muscles, antalgic gait, and positive straight leg raising. Treatment recommendations included initiation of aquatic therapy, continuation of current medications, and future labs with urine point of contact drug screens every 3 months for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug screens every three (3) month for one (1) year and three (3) follow up visits:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation ODG, Pain, Urine Drug Testing, Lumbar Chapter, Office Visits.; CA MTUS ACOEM guidelines, Independent Medical Examintaiton in Consultations, Chapter 7, page 127; and the Official Disability Guidelines: Lumbar Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing and Office Visits

Decision rationale: The ODG state the need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical notes submitted, the patient's latest physical examination only revealed limited range of motion with palpable tenderness and positive straight leg raising. Given that the patient does maintain a diagnosis of lumbar radiculopathy, and is being treated with narcotic medications, it is reasonable for the patient to follow-up with the primary provider. The medical necessity for 3 follow-up visits has not been established. There is no documentation of significant clinical instability. The California MTUS Guidelines further state drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no indication that this patient falls under a high risk category that would require frequent monitoring. There is no evidence of noncompliance or misuse of medications. The medical necessity for the requested service has not been established. As such, the request is non-certified.

Complete Blood Count every three (3) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Encylopedea, Complete Blood Count

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 Chapter, Preoperative Lab Testing

Decision rationale: The Official Disability Guidelines state a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. As per the clinical notes submitted, the patient does maintain a medical history of hypertension and diabetes. The patient is also taking prescription medication on an industrial basis. Therefore, it is reasonable for the patient to undergo periodic laboratory testing. However, the medical necessity for laboratory testing every 3 months has not been established. As such, the request is non-certified.

Hepatic Panel every three (3) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD, Liver function panel topic overview

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association for Clinical Chemistry, Lab Tests Online, ©2001 - 2014, Liver Panel

Decision rationale: As per the clinical notes submitted, the patient does not complain of weakness, fatigue, loss of appetite, nausea or vomiting, abdominal swelling or pain, jaundice, dark urine, light-colored stool, or itching. Although the patient is currently taking chronic opioid medication, the medical necessity for hepatic panel testing every 3 months has not been established. As such, the request is non-certified.

Basic Metabolic Panel every three (3) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD, a basic metabolic panel

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 Chapter, Preoperative Lab Testing

Decision rationale: The Official Disability Guidelines state electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medication that predispose them to electrolyte abnormalities or renal failure. As per the clinical notes submitted, the patient does maintain a medical history of diabetes and hypertension. The patient is also currently utilizing chronic opioid medication. While periodic laboratory testing may be appropriate for this patient in this case, the medical necessity for laboratory testing every 3 months has not been established. As such, the request is non-certified.

follow-up visits with an Orthopedic Surgeon every three (3) months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation CA MTUS ACOEM guidelines, Independent Medical Examination in Consultations, Chapter 7, page 127; and the Official Disability Guidelines: Lumbar Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits

Decision rationale: The Official Disability Guidelines state the medical necessity for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As per the clinical notes submitted, the patient's physical examination only reveals tenderness to palpation with limited range of motion and positive straight leg raising. While the patient is still undergoing treatment for lumbar radiculopathy and lumbar spine stenosis, the medical necessity

for a follow-up visit with an orthopedic surgeon every 3 months has not been established. As such, the request is non-certified.