MAXIMUS Federal Services

Case Number:	CM13-0034136		
Date Assigned:	03/28/2014	Date of Injury:	01/15/2008
Decision Date:	04/30/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational Medicine 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:

The applicant is a represented California Highway Patrol employee who has filed a claim for chronic shoulder, elbow, low back, and neck pain reportedly associated with an industrial injury of January 15, 2008. Thus far the applicant has been treated with the following: Analgesic medications; an elbow splint; multiple prior shoulder surgeries; sleep aids; trigger point injection therapy; and electro diagnostic testing of August 28, 2013, notable for bilateral SI radiculopathy, mild bilateral carpal tunnel syndrome, and mild bilateral ulnar entrapment. In a utilization review report of October 3, 2013, the claims administrator denied a lumbar MRI imaging, cervical MRI imaging, a gym membership, and a urine drug screen. The applicant's attorney subsequently appealed. A clinical progress note of February 26, 2014 is notable for comments that the applicant reports persistent neck pain and low back pain. The applicant reports neck pain radiating to the upper extremities and reports numbness about the same. The applicant is currently working. A right ankle jerk is absent. Decreased sensation is noted about the right first through third digits. Trigger points injections are performed in the clinic. Percocet, Flexeril, Restoril, and Zofran are sought along with aquatic therapy. The applicant's gait is not described. However, it is stated that the applicant is working regular duty. On July 17, 2013, the attending provider did request urine drug testing while issuing the applicant prescriptions with Naprosyn, Ambien, and OxyContin. Electro diagnostic testing was sought at that point. A Urine drug testing of September 12, 2013 is reviewed. It is negative for several different metabolites including 10 different antidepressant metabolites, 15 different opioid metabolites, and multiple benzodiazepine metabolites. A cervical MRI imaging of September 20, 2013 is notable for evidence of C6-C7 disk protrusion generating indentation of the cervical cord. A lumbar MRI of September 20, 2013 is notable for comments that the applicant has 4 mm L5-S1 midline disk bulge indenting the lumbosacral sac.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI and/or CT imaging of the cervical spine are both "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant is in fact contemplating cervical epidural steroid injection therapy. The applicant does have evidence of neurologic compromise in the form of hypo-sensorium noted about the hands and digits, along with neck pain radiating to the arms. Cervical MRI imaging to more clearly delineate the same was medically necessary, appropriate, and indicated here. It was further noted that the applicant did seemingly act on the results of study in question and did apparently consider cervical epidural steroid injection therapy. The MRI in question was in fact positive and did demonstrate some evidence of neurologic compromise. MRI imaging was indicated, for all the stated reasons. Therefore, the request is retrospectively certified, on independently medical review.

GYM MEMBERSHIP FOR AQUA THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants in whom reduced weight-bearing is desirable. In this case, however, there is no evidence that reduced weight-bearing is desirable. The applicant has apparently returned to regular duty work as a Highway Patrol officer. The applicant's gait was not described at any recent office visit. There is no evidence of gait derangement, which might make the case for aquatic therapy reasonable. It is further noted that the MTUS guidelines in ACOEM Chapter 5, page 83 state that maintaining and adhering to exercise programs is a matter of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request is not certified, for all of the stated reasons.

MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296,303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-4, page 296, and the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, MRI imaging is recommended in applicants with evidence of neurologic compromise who have tried and failed conservative treatment and who would consider an interventional spine procedure were it offered to them. In this case, the applicant does have evidence of low back pain radiating to the leg. The applicant has an absent right lower extremity reflex. MRI imaging to more clearly delineate the same was medically necessary, medically appropriate, and indicated here and did in fact revealed some evidence of neurologic compromise on September 20, 2013. Therefore, the request is certified, on independent medical review.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CHRONIC PAIN CHAPTER; URINE DRUG TESTING.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or frequency with which to perform drug testing. As noted in the Official Disability Guideline's (ODG) Chronic Pain Chapter, urine drug testing topic, an attending provider should attempt to conform to the best practice of the US Department of Transportation as the most legally defensible means of performing drug testing. In this case, however, the attending provider's earlier testing did not conform to DOT best practices. Non-steroid drug testing was performed, which tested for numerous metabolites. It is further noted that the attending provider did not clearly state when the last time the applicant was tested, nor did the attending provider attach the applicant's complete medication list to the request for testing. The attending provider did not clearly state which drug tests and/or drug panels he was testing prior to seeking authorization for the same. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not certified, on independent medical review.