

Case Number:	CM13-0047766		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2006
Decision Date:	03/04/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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 54-year-old with a 06/06/2006 date of injury. Treating physician's report 09/29/2013 lists his assessment of chronic right-sided low back pain with degenerative disk disease, has L4 to S1 fusion with hardware instrumentation, list of medical issues, surgical history, body habitus issues with obesity, psychological factors, and sleep factors. Pain is described in the center of the low back. Pain is excruciating, some associated intermittent numbness and shooting pain going into her legs. Worst pain is in the low back and worse with weightbearing, now worsened to her right leg. Listed medications are fentanyl patches, Zanaflex, Percocet, MS Contin, and Cymbalta. The physician had some concerns regarding the right-sided hardware placement, discussed trying diagnostic block of her hardware to see if this could be source of her pain, and if fails, consider spinal cord stimulation. The patient had diagnostic blocks 09/08/2012, right sided LMBB at L3, L4, L5 which did not help her. The patient complains mostly of right sided low back pain. The patient has not had any CT or MRI studies since her surgery. I reviewed AME report from 09/21/2013, and this report indicates that the patient had posterior fusion in July of 2008. 08/31/2013 report shows that interventional procedures were being recommended, optimized medical management and keep the medications at current levels, additional diagnostic studies were requested including a new MRI with contrast but no additional physical therapy. 10/12/2013 report shows that the patient's CURES report was reviewed and found to have other prescribers. It indicates that the patient has violated her narcotic agreement twice and no longer can receive pain medications here but will be allowed to continue for pain treatment when authorized. Under recommendations, the medications are on hold until Workers' Comp has allowed her to go to a detox program, and her medication use can be safely resumed or replaced. After detox program, the patient is to proceed with diagnostic lumbar spine injections to try to identify pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI with contrast: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Recommendation for authorization of the requested MRI with contrast. The review with the treating physician's notes indicates that following the patient's multilevel lumbar fusion, the patient has not had a postoperative or followup diagnostic studies including MRI with contrast. MRI with contrast is reasonable given the patient's history of surgery. The patient is noted to have increased symptoms as well as persistent pain in the low back with radiation down the lower extremity. The patient appears to have failed a number of years of conservative care following a surgery. Investigation of the lumbar spine with MRI is reasonable. When reading ODG Guidelines, it supports obtaining an MRI for uncomplicated low back pain with radiculopathy after conservative treatments. ACOEM Guidelines asked for unequivocal objective findings, but this is during more subacute phase. The request for an MRI with contrast is medically necessary and appropriate.

Diagnostic spine injections hardware: 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 Chapter.

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.

Decision rationale: This patient continues to experience pain in her right lower back with some radiation down the lower extremity. The patient is status post posterior fusion with hardware. The treater is concerned about the hardware on the right side as the patient's pain is primarily on the right side. ACOEM Guidelines and MTUS are silent regarding hardware injections, but ODG Guidelines states that this is recommended for diagnostic evaluation of failed back surgery syndrome to be performed, to have undergone a fusion with hardware to determine if continued pain is caused by the hardware. The request for diagnostic spine injections hardware is medically necessary and appropriate.

Urine drug testing: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94 - 95.

Decision rationale: This patient struggles with chronic low back pain being status post multilevel lumbar fusion with hardware. The patient's recent CURES report showed that the patient is getting medication from multiple physicians. The request is for urine drug testing. Frequent urine drug testing is essential part of chronic opiate management. The Chronic Pain Medical Treatment Guidelines certainly support urine drug screen testing. In this case, the patient is a high risk patient, and urine drug screening should be performed once every 3 to 4 months. Both MTUS Guidelines and ODG Guidelines support frequent urine drug testing for high risk patients. I reviewed the reposts showed that the patient had urine drug screen on 11/05/2013. The request for urine drug testing is medically necessary and appropriate.

detox program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 102-103. Decision based on Non-MTUS Citation Official Disability Guidelines, Detoxification Subchapter.

Decision rationale: This patient suffers from chronic low back pain with history of lumbar fusion. The treating physician notes in his 10/12/2013 report that the patient's CURES report showed multi physicians providing opiates for this patient. The treating physician has asked for a detox program, putting the patient's opiates on hold. Unfortunately, the treating physician does not describe what detox program that he is talking about. The variety of detox programs that are available are quite extensive including anywhere from several days to 30 days of inpatient programs. The recommendations for "detox program" cannot be properly reviewed without specifically understanding what the request is for. Furthermore, while the Chronic Pain Medical Treatment Guidelines page 42 recommends "detoxification", detoxification programs are not mentioned. It states that "gradual weaning is recommended for long-term opioid users because opiates cannot be abruptly discontinued." The Chronic Pain Medical Treatment Guidelines do not recommend "rapid detox" such as use of antagonist-induced withdrawal under heavy sedation or anesthesia. The Chronic Pain Medical Treatment Guidelines do not discuss any specific detoxification programs and recommends gradual weaning for long-term opiate users. There is no reason why the treating physician cannot administer "gradual weaning" of the opiates. The request for a detox program is not medically necessary or appropriate.