

<b>Case Number:</b>	CM13-0051649		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 & 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 41-year-old male with date of injury of 01/22/2011. Per treating physician's report 10/16/2013, this patient presents with continued low back pain, presents to discuss surgery. MRI from 01/18/2013 showed evidence of partial hemilaminectomies at L4-L5, posterior osteophyte disk complex, scarring, but no focal protrusion, no central stenosis or lateral recess narrowing, but mild to moderate bilateral foraminal stenosis. Listed diagnoses are status post bilateral L4-L5 microdiscectomy, low back pain, L4-L5 disk space narrowing. Lumbar microdiscectomy was performed on 06/20/2011. Under treatment discussion, the treater indicates that the patient is now a candidate for L4-L5 decompression and instrumented fusion and states that authorization has been received. He discussed the surgical intervention in detail as well as potential complications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 QUALITATIVE 12 PANEL URINE DRUG SCREEN:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UNIVERSITY OF MICHIGAN HEALTH SYSTEMS GUIDELINES FOR CLINICAL CARE: MANAGING CHRONIC NON-

TERMINAL PAIN; INCLUDING PRESCRIBING CONTROLLED SUBSTANCES (MAY 2009), PG 33

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

**Decision rationale:** This patient presents with chronic low back pain, lower extremity pain, being status post microdiscectomy from 2011. Review of the treating physician report indicates that the patient is currently authorized for lumbar fusion and decompression surgery. Review of the reports show that the patient is prescribed Norco #60, per report on 10/02/2013 by [REDACTED]. There is a request for qualitative 12-panel urine drug screen. This request was denied by Utilization Review letter 11/04/2013. Rationale was that there was lack of "pill count" which should be performed with a comprehensive drug screen. MTUS Guidelines support use of urine drug screen for chronic opiate management. Neither MTUS Guidelines nor the ODG Guidelines mentioned the requirement of pill counting as suggested by utilization review letter. Review of 227 pages does not show evidence of other urine drug screens obtained in 2013. Recommendation is for authorization.

**PROSPECTIVE REQUEST FOR 2 VIEW X-RAYS OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK0 LUMBAR & THORACIC (ACUTE & CHRONIC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) X RAYS, LUMBAR SPINE

**Decision rationale:** This patient has been authorized for lumbar fusion and decompression at L4-L5. There is a request for x-rays, 2 views, of the lumbar spine. However, review of the reports do not provide a rationale for obtaining x-rays in lumbar spine. Review of the reports show that this patient has had MRI of the lumbar spine on 01/18/2013. ACOEM and ODG Guidelines do not support routine x-rays. There is no discussion regarding preoperative evaluation of the lumbar spine. This patient does not present with any neurologic deficits, severe trauma, and there is no suspicion for cancer infection, and no evidence of myelopathy. Recommendation is for denial.

**PROSPECTIVE REQUEST FOR 1 DMV PLACARD:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LABOR CODE 4610 AND TITLE 8 OF CALIFORNIA CODE OF REGULATIONS

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** This patient is going to have lumbar spine surgery, fusion, and decompression at L4-L5. DMV placard is not a medical treatment. There is no guidelines discussion. It is reasonable to provide DMV placard for 6 months following lumbar spine surgery for postoperative care. This is something that is signed by the treating physician and processed through motor vehicle department. Recommendation is for authorization.

**PROSPECTIVE REQUEST FOR 1 BACK BRACE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK- LUMBAR & THORACIC (ACUTE & CHRONIC)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) BACK BRACE

**Decision rationale:** This patient is being scheduled for lumbar fusion and decompression surgery which apparently has been authorized. The request is for lumbar back brace. While MTUS and ACOEM Guidelines do not discuss postoperative lumbar bracing, ODG Guidelines states it is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom postop brace, if any, depending on the experience and expertise of the treating physician. Given that this patient will undergo lumbar fusion, postoperative use of lumbar brace is supported by ODG Guidelines. Recommendation is for authorization.