

Case Number:	CM13-0058268		
Date Assigned:	12/30/2013	Date of Injury:	02/08/1999
Decision Date:	03/26/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 & 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:

This is a patient with a date of injury of 2/8/99. A utilization review determination dated 11/13/13 recommends non-certification of C-spine x-ray, MRI lumbar spine, psych consult, and labs: urine drug screen/BUN/CR/LFTs. An 11/1/13 medical report identifies neck pain with radiation to bilateral shoulders and LUE with tingling/numbness in fingers and weakness. There is also low back pain with radiation along lower left extremity (LLE) with weakness and falls. She reports bladder urgency since 6 months ago. She has constipation with pain killers. She reports swelling of both lower extremities (BLE) with turning of left foot externally. She states that she cannot cut back on medication since it is the most painful time given the cold weather outside. There is an extensive medication list including long and short-acting opioids, topical lidocaine, a muscle relaxant, and an antidepressant. Cervical and lumbar range of motion (ROM) is full with no tenderness reported, motor strength and sensation is normal, with straight-leg raising (SLR) noted to be "negative bilaterally for radicular sprain/strain (s/s) until 60 degrees." Diagnoses include cervical and lumbar postlaminectomy syndrome although the surgical history does not list any lumbar spine surgery. Treatment plan includes medication refills, LFTs and BUN/Cr to test liver and kidney status, urine drug screen (UDS) for compliance monitoring, psychiatry consultation and treatment as the patient complains of emotional distress and validates several neurovegetative signs of depression, and she is on an antidepressant better managed or at least validated by a onetime consultation by a psychiatrist. The provider also notes a recommendation for imaging studies of the spine to delineate any pathologies that may explain patient's current symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

C-spine X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Regarding the request for C-spine x-ray, California MTUS cites that the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. They further note that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. Within the documentation available for review, there is documentation of ongoing neck pain with radiation and subjective weakness, but there is no documentation of any current abnormal objective findings. The patient is noted to have full ROM, strength, and sensation with no tenderness or positive neurological findings. There is no clear rationale presented to support a cervical spine x-ray at this point in the absence of any red flags, recent trauma, etc. In light of the above issues, the currently requested C-spine x-ray is not medically necessary.

MRI L-Spine\Without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for MRI L-spine without contrast, CA MTUS cites that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy and repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the patient is noted to have ongoing low back pain radiating to the lower extremities, but the physical examination is essentially normal without so much as limited ROM, tenderness, or any positive neurological findings. In the absence of such documentation, the currently requested MRI L-spine without contrast is not medically necessary.

Psych Consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: Regarding the request for psych consultant, California MTUS recommends psych evaluations, noting that they are "generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Within the documentation available for review, there is documentation of depressive symptoms and a desire by the provider for a psychologist to manage the patient's antidepressant medication or at least validate that it is being properly utilized. Additionally, psych evaluation may be especially useful in this patient given the persistent complaints of pain and reluctance to taper off of her medications despite essentially normal physical examination findings. In light of the above, the currently requested psych consultant is medically necessary.

Labs: Urine Drug Screen, Bun/Cr/LFTs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus/US National Library of Medicine/National Institute of Health and the Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing and <http://labtestsonline.org/understanding/analytes/bun/tab/test>, <http://labtestsonline.org/understanding/analytes/creatinine/tab/test>, <http://labtestsonline.org/understanding/analytes/>

Decision rationale: Regarding the request for Labs: Urine Drug Screen, Bun/Cr/LFTs, California MTUS states that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. BUN, creatinine, and liver function tests are supported for monitoring of renal and liver function in patients undergoing chronic medication management. Within the documentation available for review, it appears that the provider has only recently begun to see this patient, who has been treated chronically with multiple medications. The documentation does not suggest any recent testing for compliance of controlled medication or kidney and liver function. Testing would be

appropriate to establish a baseline for controlled medication and determine the patient's current kidney and liver function so that adjustments can be made to the medications if needed to avoid potential toxicity. In light of the above issues, the currently requested Labs: Urine Drug Screen, Bun/Cr/LFTs are medically necessary.