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| Case Number: | CM13-0061040 | | |
| Date Assigned: | 01/15/2014 | Date of Injury: | 01/22/2003 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 11/29/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 injured worker is a 71-year-old female who reported an injury on 01/22/2003. The mechanism of injury was not provided for review. The injured worker ultimately underwent a fusion surgery of the L4-5, followed by a spinal cord stimulator implantation. The injured worker was evaluated on 11/11/2013. It was documented that the injured worker had undergone an L4-5 hardware injection to assess whether the implanted hardware was a pain generator. The injured worker had a preprocedure pain rating at 7/10 that was reduced to a 4/10 postinjection. The injured worker was again evaluated on 11/14/2013. The injured worker's medications included Norco, Voltaren, Neurontin, Mycardis, Dulcolax, multiday vitamins, Zocor, clacium, Milk of Magnesia, aspirin, vitamin D, Lunesta, Systane, Reclast, fiber supplement and omega 3. Physical findings included tenderness to the lumbar spinous and paraspinous musculature, gluteals, PSIS and sacrum. The injured worker had a taut band with twitch response over the right PSIS. There was restricted range of motion of the lumbar spine secondary to pain with decreased left ankle and foot strength as well as knee strength. The injured worker's diagnoses included radiulopathy of the thoracic or lumbosacral spine, spinal stenosis of the lumbar region, chronic pain due to trauma, failed back surgery syndrome, degenerative disc disease of the lumbar spine and myalgia and myositis. The injured worker's treatment plan included laboratory studies, to include acetaminophen labs, CBC with differential, Chem-19, EIA 9, gabapentin, GGTP, hydrocodone, TSH and a complete UA. A trigger point injection was also recommended in addition to the continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE COMPLETE UA: Upheld

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

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:
[HTTP://LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/URINALYSIS/TAB/TEST](http://labtestsonline.org/understanding/analytes/urinalysis/tab/test)

Decision rationale: The requested complete urinary analysis is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not address a complete UA. An online resource, labtestsonline.com, indicates that this type of testing is generally used to assess kidney function. The clinical documentation submitted for review does not provide any justification for this routine laboratory procedure. There is no evidence that the injured worker has had a significant change in clinical presentation to support this type of testing. Additionally, there was no documentation as to how this type of testing would significantly alter the injured worker's treatment plan. As such, the requested 1 complete UA is not medically necessary or appropriate.

ONE GABAPENTIN LAB: Upheld

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

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:
[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/ENCY/ARTICLE/003430.HTM](http://www.nlm.nih.gov/medlineplus/ency/article/003430.htm)

Decision rationale: The requested gabapentin lab is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not address this issue. An online resource, Medline Plus, a service of the National Institute of Health and the U.S. National Library of Medicine, indicates that this type of testing is needed when the amount of medication in an injured worker's blood needs to be assessed. The clinical documentation does indicate that the injured worker is on this medication. However, there was no justification to support the need to assess the level of medications in the injured worker's blood. There was no reason given that the injured worker could not be assessed with a regular point of care urine drug screening. Therefore, this test is not supported. As such, the requested 1 gabapentin lab is not medically necessary or appropriate.

ONE CHEM 19: Upheld

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 SECTION ON NSAIDS, HYPERTENSION AND RENAL FUNCTION Page(s): 69.

Decision rationale: The requested 1 Chem-19 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend lab testing to assess for kidney and hepatic function for injured workers who are on long-term nonsteroidal anti-inflammatory drugs. Although this laboratory test is generally indicated, in this clinical situation is not supported. There is no documentation of a significant issue with the injured worker's kidney or hepatic function. There were no previous lab results provided to indicate that the injured worker is at risk for developing issues that would support this test. As such, the requested 1 Chem-19 is not medically necessary or appropriate.

ONE HYDROCODONE LAB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS, CRITERIA FOR USE.

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:
[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/ENCY/ARTICLE/003430.HTM](http://www.nlm.nih.gov/medlineplus/ency/article/003430.htm)

Decision rationale: The requested 1 hydrocodone lab is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not address this issue. An online resource, Medline Plus, a service of the National Institute of Health and the U.S. National Library of Medicine, indicates that this type of testing is needed when the amount of medication in and injured worker's blood needs to be assessed. The clinical documentation does indicate that the injured worker is on this medication. However, there was no justification to support the need to assess the level of medications in the injured worker's blood. There was no reason given that the injured worker could not be assessed with a regular point of care urine drug screening. Therefore, this test is not supported. As such, the requested 1 hydrocodone lab is not medically necessary or appropriate.

ONE TRIGGER POINT INJECTION TO RIGHT PSIS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TRIGGER POINT INJECTIONS Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The requested 1 trigger point injection to the right PSIS is medically necessary and appropriate. The California Medical Treatment Utilization Schedule recommends

trigger point injections for appropriately identified trigger points upon physical examination in conjunction with an active therapy program. The clinical documentation did provide evidence that the injured worker had an active trigger point with a twitch response to the right PSIS. It was also noted within the documentation that the injured worker is actively participating in a home exercise program. Therefore, a trigger point injection to the right PSIS would be medically necessary and appropriate.

ONE EVALUATION FOR L4-5 HARDWARE BLOCK: Upheld

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

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, HARDWARE INJECTIONS.

Decision rationale: The requested 1 evaluation for an L4-5 hardware block is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker already underwent an L4-5 hardware block that provided significant pain relief, identifying the injured worker's hardware as a pain generator. The Official Disability Guidelines recommend this procedure when the injured worker's implanted hardware is suspected of being a pain generator. However, as this has already been identified by a previous injection, the need for an additional L4-5 hardware block is not clearly identified. As such, the requested 1 evaluation for an L4-5 hardware block is not medically necessary or appropriate.

ONE ACETAMINOPHEN LAB: Upheld

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

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:
[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/ENCY/ARTICLE/003430.HTM](http://www.nlm.nih.gov/medlineplus/ency/article/003430.htm)

Decision rationale: The requested complete urinary analysis is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not address a complete UA. An online resource, labtestsonline.com, indicates that this type of testing is generally used to assess kidney function. The clinical documentation submitted for review does not provide any justification for this routine laboratory procedure. There is no evidence that the injured worker has had a significant change in clinical presentation to support this type of testing. Additionally, there was no documentation as to how this type of testing would significantly alter the injured worker's treatment plan. As such, the requested 1 complete UA is not medically necessary or appropriate.