

Case Number:	CM13-0068887		
Date Assigned:	07/02/2014	Date of Injury:	07/11/2013
Decision Date:	08/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehab and is licensed to practice in Illinois. 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 54-year-old female with a reported date of injury on 07/11/2013. The injury reportedly occurred when the injured worker was attempting to keep a patient from falling. Her diagnoses were noted to include anterolisthesis, 3 mm, L4 on L5, protrusion, 3 mm at L5-S1 with mild foraminal narrowing, right greater than left, facet osteoarthropathy at L5-4, L4-5, and L5-S1, and reactive depression/anxiety. Her previous treatments include physical therapy, acupuncture, medications, and back brace. The progress note dated 10/22/2013 revealed the injured worker complained of low back pain with right greater than left lower extremity symptoms rated 9/10. The injured worker complained of instability and near falls as well as marked decline in tolerance with sitting no greater than 15 minutes continuously. The injured worker complained of a gradual crescendo of reactive depression/anxiety. The injured worker attributed this to relative inactivity, chronic pain, and overall dysfunction as a result of her lumbar condition. The physical examination to the thoracolumbar spine revealed tenderness, right greater than left, in the lumbar spine and lumbar paraspinal musculature. There is diffuse, marked spasm of the lumbar paraspinal musculature. There was tenderness in the bilateral sciatic notch, right greater than left. There was tenderness in the sacroiliac joint, right greater than left and a positive Patrick's test. The lumbar range of motion was noted to be flexion was to 20 degrees, extension was to 10 degrees, left lateral tilt was to 20 degrees, right lateral tilt was to 20 degrees, right rotation was to 25 degrees, and left rotation was to 25 degrees. The neurological examination to the lower extremities revealed 4/5 motor strength and diminished sensation in the right L4, L5, and S1 dermatome distributions. There was positive straight leg raise noted to the right for pain to foot at 35 degrees and on the left to mid-calf at 45 degrees. The lower extremity deep tendon reflexes were intact and symmetrical bilaterally. The provider indicated the request for the LSO brace is a retroactive request since her no longer fastens. The

provider indicated the injured worker was provided an LSO at the date of the initial visit and the LSO did facilitate improved tolerance to standing and walking as well as maintenance of activities of daily living. The provider indicated a urine drug screen was initiated that day as a baseline for medication monitoring. The Request for Authorization Form was not submitted within the medical records. The request is for a LSO brace to replace the broken one and a urine drug screen for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The request for a LSO brace is not medically necessary. The injured worker's previous LSO brace is broken. The CA MTUS/ACOEM Guidelines do not recommend lumbar support for the treatment of low back disorders. The guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker's injury is 7 years old and the guidelines do not recommend lumbar support for chronic symptoms. Therefore, the request is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, 18TH EDITION PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, On-going Management Page(s): 43 78.

Decision rationale: The request for a urine drug screen is not medically necessary. The injured worker had a drug screen 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines recommend the use of drug screening or inpatient treatment for those with issues of abuse, addiction, or poor pain control. The injured worker had a previous urine drug screen performed 11/2013 which was consistent with therapy and a repeat urine drug screen is not warranted at this time due to the recommendations of yearly drug screening for those at low risk. Therefore, the request is not medically necessary.