

Case Number:	CM14-0100555		
Date Assigned:	07/30/2014	Date of Injury:	10/27/2009
Decision Date:	10/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59 year-old individual was reportedly injured on October 27, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5'6", 165 pound individual who has intact sensation in the upper extremities, deep tendon reflexes are 2+ and intact bilaterally, and muscle strength is reported to be 4/5. Diagnostic imaging studies were not presented for review. Previous treatment includes multiple medications, physical therapy, and pain management interventions. A request had been made for urine drug screening and a lumbar brace and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

A random urine drug screening in the next twelve months, quantity three.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines: Random Drug Screening

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78

Decision rationale: As noted in the MTUS, such screening is a tool for those individuals who are thought to use illegal drugs, issues of drug abuse, addiction, poor pain control, drug diversions or other complications. Based on the records presented for review there is no indication that these maladies exist. While understanding there is multiple narcotic medications being employed there does not appear to be any clinical indication of the need for such an assessment. Periodic drug testing letters clinical indications would be supported because of the case presented the clinical records. The medical necessity has not been established.

Lumbar traction brace, quantity one.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment in Worker Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Treatment guidelines do not support the use of LSO's and other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The claimant is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis. The lack of support for these devices in a subacute and chronic pain setting is based on the decreased activity level and weakness created by the device itself affecting all levels of the lumbar and sacral spine, with further resultant weakness and decreased mobility. Based on the guideline recommendations and the information provided for the above noted request it is considered not medically necessary.