MAXIMUS Federal Services

Case Number:	CM14-0106850		
Date Assigned:	07/30/2014	Date of Injury:	07/22/2011
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 36-year-old male who reported an injury on 07/22/2011 due to a fall at work. The injured worker was diagnosed with lumbar radiculitis and a herniated disc at L5-S1. Prior treatments included multiple epidural steroid injections, dates and location of procedures not provided. An MRI of the lumbar spine on 01/11/2012 which revealed a 2 mm disc bulge without central or lateral spinal stenosis at T12-L1, a 2-3 mm disc bulge without central or lateral spinal stenosis was seen at L3-L4, at L4-5 there was a 2-3 mm disc bulge without central or lateral spinal stenosis, and at L5-S1 there was a 4 mm disc bulge without central or lateral spinal stenosis. The clinical note on 05/07/2014 noted the injured worker reported pain to the low back, bilateral buttocks, and legs. The provider noted the injured worker received epidural steroid injections in the past, which helped him significantly and the effects lasted approximately 6 months. On examination the back revealed spasms. There was a positive straight leg raise bilaterally and Achilles reflexes were diminished. The provider prescribed Ultram and Flexeril. The physician discussed the treatment options with the injured worker, and he did not wish to undergo surgery at that time and wanted to proceed with another series of epidural steroid injections. The physician recommended continuation of medications and a left epidural steroid injection to L5-S1. A review of an earlier urine drug screen, date unspecified, tested positive for the prescribed medication Tramadol. The injured worker stated he occasionally takes this medication. The physician was requesting a repeat urine drug screen to evaluate the use of this pain medication. The physician also requested a myelogram and conscious sedation. The requesting physician's rationale for conscious sedation and the myelogram was not provided. The Request for Authorization forms were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myelogram: 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), page 67, Myelography.

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, Myelography.

Decision rationale: The Official Disability Guidelines recommend myelography for signs and symptoms of a cerebrospinal fluid leak, surgical planning, and radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. Myelograms are also used for diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord, and for poor correlation of physical findings with MRI studies. There is no indication of cerebrospinal fluid leak, tumors, spinal or basal cisternal disease or infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. The MRI of the lumbar spine correlates with physical findings. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the Myelogram is not medically necessary or appropriate.

Conscious sedation: 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 Official Disability Guidelines (ODG), Low Back, Myelography.

Decision rationale: As the requested primary procedure is not supported by the documentation, the requested ancillary service is also not supported.

Repeat urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction, page 94 and drug testing Page(s): 43.

Decision rationale: The request for repeat urine drug screen is non-certified. The California MTUS Guidelines recommend random urine toxicology screens to avoid misuse/addiction. The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. The physician noted a previous urine drug screen was positive for Tramadol. The physician is recommending a repeat drug urine screen to evaluate the use of the pain medication. The drug urine screen is a tool to note compliance with prescribed medications and also alert the physician to the use of outside medications. There is a lack of documentation indicating when the last urine drug screen was performed. There is no evidence of aberrant behavior or non-compliance with the medication regimen. As such, the request is non-certified.