

Case Number:	CM14-0015628		
Date Assigned:	03/03/2014	Date of Injury:	04/18/1994
Decision Date:	08/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine 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 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:

This is a 43-year-old female with a 4/18/94 date of injury. The patient was seen on 12/5/13 complaining of a back pain flair up. The patient was noted to be working her usual and customary duties. Exam findings reveled spasm over the SI joints and paraspinal muscles bilaterally. SI stress test, Gaenslen's test and Patrick's test was positive bilaterally. Sensation and motor strength was intact with reduction in patellar and Achilles reflexes. The diagnosis is disc degeneration and degenerative facet changes at L5-S1 with grade I-II anterolisthesis of L5 on S1 secondary to pars defect, thoracoligamentous sprain., right SI joint sprain. Treatment to date: aqua therapy, medication management, acupuncture (stopped after 3 sessions secondary to lack of improvement), heating pad, trigger point injections. A UR decision dated 1/7/14 denied the request for urine drug screen given there was no comprehensive documentation as to the number and frequency of recent urine drug screens. The ergonomic assessment of workstation was denied given the exact nature of the patient's job and functional deficits was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient is noted to be on Vicodin on a PRN basis for years, and was taking as many as four per day as of 2013. There is no documentation to support any past urine drug screening. While this patient does not display any aberrant behavior or misuse, an annual urine drug screen in a patient with ongoing opiate use is appropriate. Therefore, the request for a urine drug screen was medically necessary.

Ergonomic assessment of workstation: 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) (Low Back Chapter-Ergonomic Interventions).

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-Ergonomic Interventions).

Decision rationale: CA MTUS does not specifically address this issue. ODG states that studies concluded there was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors in prevention of LBP. On the other hand, for improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions are not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. Furthermore, ODG states that DME is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. There is no rationale with regard to the need for an ergonomic assessment of the patient's workstation, given her job function and functional capacity is unclear. Therefore, the request for ergonomic assessment of workstation was not medically necessary.