

Case Number:	CM14-0117879		
Date Assigned:	08/06/2014	Date of Injury:	08/22/2012
Decision Date:	09/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/27/2014

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 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:

The injured worker is a 58-year-old-female teacher who sustained injury on 08/22/12, due to fall at work. Since then, she has had pain in the right side of her neck radiating to the right shoulder and arm with numbness and tingling and right low back pain with numbness and tingling in the right leg and foot. She rates her pain as 4/10 with medications. Symptoms increase with repetitive activities, lifting, and walking. Initial Orthopaedic evaluation dated 03/03/14, revealed the patient in no acute distress. Neck and back exam shows biceps, triceps and ankles reflexes 2+ bilaterally. Sensory exam at C5-C8 was normal bilaterally, T1 on right is decreased and left was normal L2, L3, L4, and L5 was normal bilaterally, S1 on right was decreased and left was normal. Motor exam of C5-C8, T1-T2, L2-S1 was 5/5 bilaterally. She was dispensed Naproxen, Fexmid, Ultram, Menthoderm, and Protonix. Past medications were Cyclobenzaprine; Ibuprofen, Tramadol; Tizanidine; Naproxen and Methylprednisolone. Review of claim indicates urine drug screen was done on 3/2/14, 4/11/14 and 7/14/14. Diagnostic Studies dated 11/15/12 MRI, cervical spine revealed disc herniation at the C5-6 level. X-rays of cervical spine 7 views, dated 3/3/14 revealed marked spondylosis at C5-6 level. Right shoulder x-rays (2 views) were within normal limits. Diagnoses: Right cervicothoracic strain with right upper extremity cervical radiculitis, right carpal tunnel syndrome, low back strain with right lower extremity S1 lumbar radiculitis, sleep disturbance because of burning and right cervicothoracic pain, GERD with use of naproxen, and anxiety associated with right hemifacial pain. UR determination for MRI of the lumbar spine; and full panel drug screen were denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure.

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, MRI.

Decision rationale: According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended in uncomplicated low back pain; with radiculopathy after at least 1 month conservative therapy, with a history of prior lumbar surgery, if there is evidence of neurological deficits following trauma, when there are red flag signs, in Cauda Equina Syndrome or with severe progressive neurological deficits following trauma. In this case, there is no documentation of at least one month conservative treatment; i.e. structured physical therapy program. There are no evidence of any red flag signs, history of past or plan for lumbar surgery, history of trauma or Cauda Equina Syndrome. Therefore, the medical necessity of the requested service cannot be established per guidelines and due to lack of medical necessity.

Full panel drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page 74 Page(s): 74.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. Per guidelines, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contract screening 2 to 3 times a year with confirmatory testing for inappropriate or unexpected results. Patients at "high risk of adverse outcomes may require testing as often as once a month. In this case, this patient has chronic pain and is taking opioids chronically. The urine drug screening is appropriate for patients taking opioids; however, this patient was approved for urine drug screen done on 3/2/14, 4/11/14 and 7/14/14. There is no documentation of any aberrant behavior or drug diversion. There is no evidence of non-compliance with medications. Therefore, frequent urine drug screen sooner than 6 months period is not medically necessary.