

Case Number:	CM14-0137383		
Date Assigned:	09/05/2014	Date of Injury:	03/27/2000
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case involves a 55 year old male with a 3/27/00 injury date. He slipped and fell while at work. In a follow-up on 8/4/14, subjective complaints included increased neck and bilateral shoulder pain and stiffness. Objective findings included weakness with heel and toe walking, limited cervical and lumbar ROM with pain, decreased sensation right anterior thigh, and significant muscle spasms right greater than left. In a follow-up on 8/25/14, subjective findings include low back and bilateral lower extremity pain and intermittent numbness and weakness. Objective findings include lower extremity weakness and a trace right ankle reflex. It is noted that his last lumbar MRI was ten years ago. It is also noted that two recent urine drug screens, on 3/26/14 and 8/4/14, have been reviewed and show no signs of abuse or misuse. Diagnostic impression include post-laminectomy syndrome, cervical, and post-laminectomy syndrome, lumbar. Treatment to date is cervical spine surgery, lumbar fusion (2003), dorsal column stimulator (2008), physical therapy, acupuncture, chiropractic care, and epidural steroid injections. A UR decision on 8/12/14 denied the request for lumbar spine MRI on the basis that there are no clinical changes or red flags to support the study. The request for psych clearance for IT (intrathecal) pump trial was denied on the basis that there are significant clinical changes that warrant a new cervical MRI and a cervical MRI was certified as part of the decision. The request for urine drug screen was denied on the basis that past drug screens were not incorporated in the care of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative, unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In the present case, the patient has had multiple lumbar spine surgeries and continues to have lower extremity objective signs that are of some concern. He has lower extremity weakness and reflex dysfunction as well as ongoing significant pain. His last lumbar spine MRI was 10 years ago. Therefore, the request for MRI of the lumbar spine w/o contrast is medically necessary.

Psyche Clearance (for IT pump trial): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, IDDS & SCS Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Chronic Pain Medical Treatment Guidelines Page(s): 101, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

Decision rationale: CA MTUS criteria for a psychological evaluation for spinal cord stimulation include neuropathic pain. In addition, Official Disability Guidelines (ODG) criteria include lower extremity radicular pain; limited response to non-interventional care; no current evidence of substance abuse issues; and no contraindications to an SCS trial. In the present case, there do not appear to be any contraindications to a psychiatric evaluation for an intrathecal pump trial. He has neuropathic and radicular pain, limited response to conservative care, and no current evidence of substance abuse based on his urine drugs screens. Therefore, the request for psyche clearance (for IT pump trial) is medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

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; 7.

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. In the present case, the patient requires urine drug screen to monitor narcotic medications. In addition, if an intrathecal pain pump is placed in the near future, it is essential to continue to rule out substance abuse. Therefore, the request for urine drug screen is medically necessary.