MAXIMUS Federal Services

Case Number:	CM14-0156203		
Date Assigned:	09/25/2014	Date of Injury:	06/16/2006
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Pain 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 patient with a date of injury of 6/16/06. A utilization review determination dated 9/18/14 recommends non-certification of MRIs of the lumbar and cervical spine and a urine toxicology test. EMG/NCV of the bilateral upper and lower extremities was certified. 8/18/14 medical report identifies that treatment has included acupuncture, PT, medications, TENS, neck and low back injections, and two sessions of chiropractic. She underwent MRIs in 2007 and 2011. She has pain in the neck, shoulders, bilateral hands, and back. The pain radiates to the extremities. There is also knee and ankle pain. On exam, there is tenderness, limited ROM, spasm, 4/5 strength in wrist flexors/extensors and finger abductors, decreased sensation C5-7, Spurling and Lhermitte with pain in the right arm, 4/5 shoulder strength, 4/5 strength in various lumbar myotomes along with decreased sensation L4-S1, positive SLR bilaterally at 60 degrees, positive patellar grind and crepitus bilaterally, and positive medial joint line tenderness bilaterally. Recommendations included updated electrodiagnostic and MRI studies as well as urine toxicology quantitative and confirmatory tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

Decision rationale: Regarding the request for cervical MRI, CA MTUS and ACOEM do not address repeat MRIs. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, none of the above have been clearly identified. Furthermore, the patient was noted to have pending electrodiagnostic studies of the upper and lower extremities, the results of which may obviate the need for additional testing with MRI. In light of the above issues, the requested cervical MRI is not medically necessary.

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, LowBack, Magnetic Resonance Imaging (MRI)

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, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM do not address repeat MRIs. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, none of the above have been clearly identified. Furthermore, the patient was noted to have pending electrodiagnostic studies of the upper and lower extremities, the results of which may obviate the need for additional testing with MRI. In light of the above issues, the requested lumbar MRI is not medically necessary.

Urine toxicology quantitative and confirmatory test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for risk of addictions (tests), steps to avoid. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing (UDT), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology quantitative and confirmatory test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. They also note that there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. This is due in part to pharmacokinetic and pharmacodynamic issues including variability in volumes of distribution (muscle density) and interindividual and intraindividual variability in drug metabolism. Any request for quantitative testing requires documentation that qualifies necessity. Within the documentation available for review, it appears that the provider has only recently begun to treat the patient and initial baseline testing may be reasonable. However, there is no clear indication for either quantitative or confirmatory testing rather than the initial point-of-contact testing recommended by ODG unless there are inconsistencies or other specific issues identified. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested urine toxicology quantitative and confirmatory test is not medically necessary.