

Case Number:	CM14-0158282		
Date Assigned:	10/01/2014	Date of Injury:	01/30/2007
Decision Date:	12/15/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

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 41-year-old female with a 1/30/07 date of injury, when she injured her lower back. The patient underwent L4-L5 artificial disc replacement on 8/3/11 and epidural steroid injection on 7/15/13 with benefits. The patient was seen on 5/13/14 with complaints of low back pain radiating into the lower extremities, left greater than right. Exam findings revealed significant tenderness in the lumbar paraspinal muscles, taut muscle bands and spasms and positive bilateral straight leg raising test, more on the left. The patient ambulated with a cane due to painful gait on the left. The motor testing revealed weakness of the EHL tendon bilaterally, worse on the left and hypoesthesia along the L5 dermatomal pattern bilaterally. The note stated that the patient's UDS tests dated 1/23/14 and 4/17/14 were consistent with prescribed medications. The patient was noted to be on Norco, Lyrica, Nortriptyline and Narcosoft and that she continued her customary and occupational duties with modified restrictions. The diagnosis is chronic low back pain with radiation into the left lower extremity, status post L4-L5 artificial disc replacement, lumbar myofasciitis and lumbar radiculopathy. Treatment to date: L4-L5 artificial disc replacement, work restrictions, lumbar epidural steroid injections, Toradol injections and medications. An adverse determination was received on 9/10/14 for a lack of documentation regarding the patient's completion of any recent formal therapy and any conservative treatments and a lack of information regarding the patient's previous UDS test results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI (Magnetic Resonance Imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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. Given that the patient's injury was over 7 years ago, it is not clear if her radicular symptoms changed recently. In addition, there is no rationale with regards to necessity for a lumbar MRI at this time and the plain radiographs of the lumbar spine were not available for the review. Therefore, the request for Lumbar MRI (Magnetic Resonance Imaging) was not medically necessary.

Work hardening program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work hardening Page(s): 125.

Decision rationale: CA MTUS criteria for work hardening program participation include a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; surgery or other treatments would not clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities; ability to benefit from the program; no more than 2 years past date of injury; treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. However the progress note dated 5/13/14 indicated that the patient continued her customary and occupational duties with modified restrictions. In addition, the Guidelines recommend a work hardening program for patients who sustained an injury in past 2 years and the patient's injury was over 7 years ago. Lastly, there is no rationale with regards to the necessity for a work hardening program. Therefore, the request for Work hardening program was not medically necessary.

Urine drug screen test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in 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. However, the progress notes indicated that the patient's UDS tests dated 1/23/14 and 4/17/14 were consistent with prescribed medications. There is a lack of documentation indicating that the physician suspected substance misuse or aberrant behavior. In addition, there is no rationale with regards to the necessity for an additional UDS test for the patient given, that two recent tests showed consistency with prescribed medications. Therefore, the request for Urine drug screen test was not medically necessary.