

Case Number:	CM14-0164081		
Date Assigned:	10/08/2014	Date of Injury:	07/22/2005
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/06/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 54-year-old female with a reported date of injury on 07/22/2005. The injury reportedly occurred when a coworker pushed a huge double hung industrial rolling track into the injured worker's left leg. Her diagnoses were noted to include left sacroiliac joint arthropathy, lumbar sprain/strain, status post left ankle surgery, anxiety and depression, and complex regional pain syndrome of the left ankle. Her previous treatments were noted to include acupuncture, physical therapy, medications, and chiropractic manipulation. The psychiatric progress note dated 01/15/2014 revealed a global assessment functioning test of 55. The provider indicated the injured worker had been released from psychiatric/psychological treatment 2 years earlier. The provider indicated the injured worker was in chronic pain and had previous suicidal thoughts. The progress note dated 05/30/2014 revealed complaints of pain to the neck rated 6/10, bilateral wrist rated 9/10, low back described as constant, sharp, aching and dull, that radiated to the right leg down to the calf with associated weakness, and left ankle pain rated 8.5/10. The injured worker's medication regimen was noted to include lorazepam 1 mg, fluoxetine 20 mg, zolpidem 5 mg, Anaprox 500 mg, and sumatriptan 100 mg. The physical examination of the lumbar spine revealed diffuse tenderness to palpation over the lumbar paraspinal muscles. The sacroiliac tests were noted to be positive to sacroiliac tenderness, Fabere/Patrick, sacroiliac thrust, and Yeoman's test. The sciatic nerve root tension tests were noted to be positive to the bowstring sign and seated straight leg raise. The provider indicated the seated and supine straight leg raise tests caused significant low back pain. The lumbar spine range of motion was noted to be diminished. The sensory examination revealed decreased sensation along the L4 dermatomal distribution. The provider indicated an MRI scan revealed bilateral L4-5 neural foraminal narrowing along with multilevel facet arthropathy. The provider indicated the injured worker reported anxiety, insomnia, and depression. The provider indicated

the injured worker should continue to followup with psych and that she would undergo a urine toxicology screen to ensure compliance with the current medication regimen and ensure she was not taking medications from multiple sources or illicit drugs. The Request for Authorization form was not submitted within the medical records. The request was for a urine toxicology screening to ensure that she is not taking medications from multiple sources or illicit drugs, left lumbar sympathetic block due to low back pain, and psychological consultation for continuation of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; opioids, Steps to Avoid Misuse/Addiction Page(s): 43, 94.

Decision rationale: The request for a urine toxicology screening is not medically necessary. The injured worker has been utilizing pain medication since 2005. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines recommend for those at high risk of abuse to perform frequent random urine toxicology screens. There is a lack of documentation regarding previous urine drug screens as to whether they were consistent with therapy to warrant a urine toxicology screen. Therefore, due to the lack of documentation regarding a previous drug screen with consistency and when it was performed, a urine toxicology screen is not appropriate at this time. As such, the request is not medically necessary.

Left lumbar sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional Sympathetic Blocks, Lumbar Sympathetic Block Page(s): 4.

Decision rationale: The request for left lumbar sympathetic block is not medically necessary. The injured worker complained of low back pain that radiated to the right leg down to the calf with associated weakness. The California Chronic Pain Medical Treatment Guidelines state there is limited evidence to support this procedure and with most studies reported being case studies. The proposed indications consist of circulatory insufficiency of the leg, pain with CRPS and blocks can be used diagnostically and therapeutically. The guidelines state sympathetic therapy should be accompanied by aggressive physical therapy to optimize success. The complications include back pain, hematuria, somatic block, segmental nerve injury, and

hypotension. It is advised not to block at the L4 to avoid this complication. There is a lack of documentation regarding the level at which the sympathetic block is to be administered. The guidelines recommend to use the sympathetic block as an adjunct to physical therapy and there is a lack of documentation regarding physical therapy to be continued. Therefore, the request is not medically necessary.

Psychological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: The request for psychological consultation is not medically necessary. The injured worker has received previous psychiatric treatments. The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluations not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with better understanding of the patient in social environment, thus allowing for more effective rehabilitation. For the evaluation and prediction of patients who have a high likelihood of developing chronic pain, a study of patients who are administered a standard battery psychological assessment test found that there is a psychosocial disability variable that has been stated with those injured workers who are likely to develop chronic disability problems. The documentation provided indicated the injured worker had been receiving a form of psychiatric treatment; however, the most recent progress note submitted was from 01/2014 which indicated the injured worker had reached her maximum medical improvement with psychiatry. There is a lack of documentation of a recent, complete, adequate assessment to warrant a psychological consultation. Therefore, the request is not medically necessary.