

<b>Case Number:</b>	CM14-0172706		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/05/1991
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 66-year-old male who reported an injury on 09/05/1991, due to cumulative trauma. On 10/13/2014, the injured worker presented with complaints of neck pain. On examination, tenderness to palpation over the cervical spine and decreased range of motion. There was positive occipital tenderness, shoulder depression and distraction tests. The diagnoses were unspecified disc disorder of the cervical region. The provider recommended a spine surgeon consultation, a lumbar spine brace support, Percocet and a urinalysis. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One spine surgeon consultation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

**Decision rationale:** The request for a spine surgeon consultation and treatment is not medically necessary. California MTUS/ACOEM Guidelines state that a consultation is intended to aid and assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. There is no clear rationale to support the need for a consultation. Medical necessity has not been established.

**One (1) lumbar spine brace support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The request for a lumbar spine brace support is not medically necessary. The California MTUS/ACOEM Guidelines state because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. There is no medical indication that a back brace would assist in treatment for the injured worker. As such, medical necessity has not been established.

**Percocet 10/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Percocet 10/325 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of the medication was not provided. As such, the medical necessity has not been established

**One (1) urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

**Decision rationale:** The request for 1 urinalysis is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids for ongoing management and the screening for risk of misuse and addiction. The documentation provided does not indicate that the injured worker displayed any aberrant behaviors, drug taking behavior or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established.