

Case Number:	CM14-0173368		
Date Assigned:	10/24/2014	Date of Injury:	11/01/2013
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	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 Family Medicine and is licensed to practice in New York. 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 reported to have sustained an injury on or about 1Mar2014 (mechanism unkn). He is reported to have attended 24 sessions of Physical Therapy (PT) and ended feeling worse than when he started. He attended Aug 7, 2014 with the current PTP for ongoing issues with Low Back Pain (LBP) that were severe and worsening. It would appear that there were issues with the auto-complete functions of the PTP's electronic medical record as the member is described as both "in no acute distress" in the Global Assessment section but "agitated and depressed in the Mental Status section. Sensory parasthesias, reduction in light touch and increased pain are described in the Left LE when later in the physical examination we are referring to the Right LE. "No impairment" of walking on toes or heels is reported but later heel rise is reported as "not equal for both feet" and walking rhythm as "altered". Physical examination of the LS spine reported 3+ exquisite tenderness with R myofascial tenderness, trigger point tenderness and spasm. The pain was characterized as severe, burning and worse with activity with shooting pain on movement, graded as 9/10. The pain refers to the buttocks and hip on the affected side. LS ROM is reduced by and straight leg raising is positive on the R LE. MRI dated 8Jul14 reported at the level of L5-S1 a moderate right posterior disc herniation that posteriorly displaced the R S1 nerve root and abuts the L S1 nerve root. The reason for the MRI is reported to be LBP with pain and weakness in the R LE as well as urinary incontinence (the first and only time this is mentioned in the available records). This is the disputed absent MRI unavailable to the UR provided by legal representation sometime after the completion of the denial dated 23Sep2014. An ESI is reported as being accomplished 27Aug2014 (with no specificity as to which side had been injected at L5-S1). A brief follow up note 3Sep2014 indicated the injured worker declined to proceed with another ESI due to the fact the 1st did not help and he was in too much pain. At the next PTP visit 4Sep2014 the member is reported to

continue with intractable LBP radiating into the R LE down to the toe and lateral foot. The injured worker rated his pain as 10/10 with extreme difficulties with ADL's. He stopped his narcotic analgesics as a result of continued constipation and summarized the results of the findings of the recent MRI that are consistent with the official report. Physical findings were unchanged at examination. The disputed concerns relate to a request for "spine consultation" as well as Toxicology Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen - UA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 43.

Decision rationale: he Utilization Review (UR) did not reference concern with diversion or misuse of prescribed medications open to abuse. There was no documented history of prior urine drug screening. Lastly the member reported to the PTP that he had stopped taking the opioid medication because of significant and persistent constipation. There is no evidence of concern on the part of the PTP. Therefore the request is not medically necessary and appropriate.