

Case Number:	CM14-0174706		
Date Assigned:	10/28/2014	Date of Injury:	06/16/2011
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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 Interventional Spine 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:

The patient is a 46-year-old female with date of injury of 06/16/2011. The listed diagnoses per [REDACTED] from 09/26/2014 are: 1. Multilevel cervical disk herniation. 2. Status post multilevel cervical fusion. 3. Right rotator cuff syndrome. 4. Chronic lumbar strain. 5. Lumbar spine disk herniation. 6. Left lower extremity radicular pain. According to this report, the patient complains of persistent neck, back, and hip pain. She rates her pain 9/10. Her neck, back, and bilateral hips are worsening since her last visit. The patient continues to have radiation of cervical spine pain down the bilateral arms and lumbar spine pain down the bilateral legs. She takes Norco which helps her pain from 9/10 to 10/10 down to 4/10 which allows her to ambulate for half an hour as opposed to 15 minutes without medications. Her gait is antalgic. The patient has attended 5 sessions of aquatic therapy that was beneficial. Unfortunately, the patient says that she cannot afford the gas to get to the appointment. She has stopped and has only received 5 out of 12 aquatic sessions. The examination of the cervical spine reveals decreased range of motion and tenderness to palpation over the trapezius and paraspinal right greater than left. Shoulder depression was positive. Spurling's was positive bilaterally. There is decreased strength and sensation at 4/5 on the right at C5, C6, C7, and C8, and normal. Lumbar spine reveals decreased range of motion. There was tenderness to the paraspinals equally. Kemp's test was positive bilaterally. Straight leg raise was positive on the right at 60 degrees and 70 degrees on the left radiating down into the posterior thighs. There was decreased sensation at L4, L5, and S1. Deep tendon reflexes are 2+ bilaterally at the patellar and Achilles tendons. The utilization review denied the request on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter on Lumbar Supports

Decision rationale: This patient presents with neck, back, and hip pain. The patient is status post cervical discectomy and fusion at C4-C7 from 10/01/2013. The physician is requesting 1 lumbar spine brace. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The ODG Guidelines regarding lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." The 02/13/2014 report notes that the patient continues to complain of neck and lower back pain. The 09/26/2014 report notes that the patient pain has worsened since her last visit. In this case, the patient does not present with any of the indications for lumbar orthosis such as instability, fracture, post-operative, spondylolisthesis and others. The patient does present with non-specific low back pain but the ODG states that there is very-low quality support for this. This request is not medically necessary.

Transportation for approved aquatic therapy and all medical appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610 and 8CCR9792

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Knee & leg chapter, Transportation (to & from appointments) Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: The physician is requesting transportation for approved aquatic therapy and all medical appointments. The MTUS, ACOEM do not discuss transportation. The ODG states, "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport." The AETNA Guidelines do support transportation services if it is essential to medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. The 09/26/2014 report notes that the patient has attended 5 sessions of aquatic therapy, but unfortunately, the patient cannot afford "gas" to get to the appointment. She has stopped attending and has only received 5 out of the 12 aquatic sessions. In this case, the medical necessity for transportation services is not established. The patient should be re-imbursed for gas money. They are paid for mileage.

There is no discussion as to why public transportation is not available. The request is considered not medically necessary.

One urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse, tolerance, dependence, addiction..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with neck, back, and hip pain. The patient is status post cervical discectomy and fusion at C4-C7 from 10/01/2013. The physician is requesting 1 urine toxicology screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. The records do not show any recent urine drug screen. The utilization review denied the request stating, "An additional urine drug screen is not medically necessary for the patient at this time. Continuation of opioids has been determined to be inappropriate in prior reviews based on the lack of functional improvements and aberrant findings. Due to the fact that additional testing will not impact the future course of care because the patient has not been authorized for continued use of opioid medications, the request for 1 urine toxicology screening is recommended not certified." The 09/26/2014 report notes that the physician has prescribed Norco and Soma and notes no signs of abuse, overuse, or adverse reactions, and that these medications increased her functionality and decreased her pain. While the physician does not discuss the patient's risk factors, a once-yearly urine drug screen is reasonable. The request is considered medically necessary.