

<b>Case Number:</b>	CM14-0175552		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 38-year-old female with an injury date of 04/08/13. Based on the 09/25/14 on provided by [REDACTED] the patient complains of low back pain. Physical examination to the lumbar spine revealed mild paraspinal tenderness and spasm. Positive Kemp's sign bilaterally. Patient had a lumbar epidural steroid injection three weeks ago and reports 60-70% improvement. Treating physician is requesting new MRI, as the most recent MRI is more than 15 months old. Based on the results of the new MRI, treating physician will determine if the patient is in need of a repeat epidural steroid injection. Treating physician is requesting lumbar corset brace to help with her localized low back pain which occurs when she bends and lifts. Urine toxicology screen is requested as part of a pain treatment agreement during opioid therapy. The potential for substance abuse presents a therapeutic selection dilemma in managing the patient. Per progress report dated 08/21/14, patient was prescribed Ultram and Prilosec, and can return to modified work. Urine drug screen was performed on 07/02/14 per treating physician report. Diagnosis 09/25/14 - history of 3mm lumbar bulging discs at L3-L4, L4-L5 and L5-S1- status post epidural injection MRI of Lumbar Spine Findings, 06/09/13- L3-L4, mild disc narrowing with 3-4mm left lateral recess and neural foraminal disc protrusion with mild left lateral recess narrowing- L4-L5 mild disc narrowing with a 3mm posterior disc bulge. Mild left neural foraminal narrowing- L5-S1 3mm posterior disc bulge with mild thecal sac narrowing. Mild right and moderate left neural foramen- scattered facet hypertrophy The utilization review determination being challenged is dated 10/13/14. The rationale follows: 1) MRI OF THE LUMBAR SPINE WITHOUT CONTRAST: "no documentation of any significant changes in the patient's symptoms that would warrant a repeat scan." 2) LUMBAR CORSET BRACE WITH RIBBING: "there is no evidence of lasting benefit outside the acute injury phase." 3) URINE

TOXICOLOGY SCREEN: "there is no documentation that the claimant takes an opioid." [REDACTED]  
[REDACTED] is the requesting provider and he provided frequent reports from 06/14/13 - 10/17/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI Of The Lumbar Spine Without Contrast: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (magnetic resonance imaging), under Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** The patient is status post lumbar epidural steroid injection and presents with low back pain. The request is for MRI OF THE LUMBAR SPINE WITHOUT CONTRAST. The patient's diagnosis dated 09/25/14 included history of 3mm lumbar bulging discs at L3-L4, L4-L5 and L5-S1. Physical examination to the lumbar spine on 09/25/14 revealed mild paraspinal tenderness and spasm. Positive Kemp's sign bilaterally. ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For chronic pain, ODG guidelines Indication for imaging for uncomplicated low back pain with radiculopathy recommends at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended if there is a prior lumbar surgery. Treating physician states in progress report dated 09/25/14, that he is "requesting new MRI, as the most recent MRI is more than 15 months old. Based on the results of the new MRI, treating physician will determine if the patient is in need of a repeat epidural steroid injection." However, there are no new injuries, no deterioration or progression of neurologic deficits, no red flags such as suspicion for tumor, infection or fracture. Patient had a lumbar epidural steroid injection and reported 60-70% improvement and the patient is not post-operative either. There is no evidence that following an ESI, an updated MRI is needed for re-assessment. There does not appear to a valid reason for an updated MRI. Recommendation is for not medically necessary.

#### **Lumbar Corset Brace With Ribbing: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301.

**Decision rationale:** The patient is status post lumbar epidural steroid injection and presents with low back pain. The request is for LUMBAR CORSET BRACE WITH RIBBING. The patient's diagnosis dated 09/25/14 included history of 3mm lumbar bulging discs at L3-L4, L4-L5 and L5-

S1.ACOEM Guidelines page 301 states, "Lumbar support has not been shown to have any lasting benefit beyond the acute phase of symptom relief." Page 9 of ACOEM Guidelines also states, "The use of black belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." ODG Guidelines also states that it is not recommended for prevention and for treatment. It is an option for fracture, spondylosis, documented instability, and for nonspecific low back pain (very low quality evidence). Treating physician is requesting lumbar corset brace to help with her localized low back pain which occurs when she bends and lifts. Given the lack of ACOEM and ODG Guidelines support for the use of lumbar bracing, recommendation is for not medically necessary.

**Urine Toxicology Screen:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

**Decision rationale:** The patient is status post lumbar epidural steroid injection and presents with low back pain. The request is for URINE TOXICOLOGY SCREEN. The patient's diagnosis dated 09/25/14 included history of 3mm lumbar bulging discs at L3-L4, L4-L5 and L5-S1. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. "Patients at "high risk" of adverse outcomes may require testing as often as once per month." Treating physician states in progress report dated 09/25/14, that "urine toxicology screen is requested as part of a pain treatment agreement during opioid therapy. The potential for substance abuse presents a therapeutic selection dilemma in managing the patient." Urine drug screen was performed on 07/02/14 per treating physician report. The UR denied the request believing that the patient is not on any opiates. However, 8/21/14 report shows Tramadol being prescribed which a synthetic opiate is. Use of UDS would be appropriate but not more than once a year or so and the patient just had one done on 7/2/14. The treating physician does not provide opiate risk assessment to understand how often UDS's should be done on this patient. What is important though is the random nature of these urine toxicology which means that once a year testing could look like twice per year depending on how it is counted. Recommendation is for medically necessary.