

Case Number:	CM14-0022522		
Date Assigned:	05/07/2014	Date of Injury:	03/12/2013
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; unspecified amounts of manipulative therapy and physical therapy; and reported return to regular work. In a Utilization Review Report dated January 23, 2014, the claims administrator denied a lumbar MRI, urine drug testing, and a pain management consultation. The claims administrator did not incorporate the cited guidelines into its rationale for the urine toxicology decision. The applicant's attorney subsequently appealed. On December 19, 2013, the claimant was described as reporting persistent complaints of low back pain radiating to the legs, 7 to 8/10. The claimant was reportedly working regular duty as a healthcare security officer, well preserved, 5/5 lower extremity strength and a normal gait were appreciated with normal lower extremity sensorium noted. Regular duty work was endorsed. The claimant was given a 0% whole person impairment rating. On January 13, 2014, the applicant was described as reporting persistent complaints of low back pain and additional physical therapy was sought. The claimant was given several topical compounds and again returned to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR PAIN MANAGEMENT CONSULTANT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Web Edition, www.odg-twc.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the claimant does have persistent complaints of low back pain, approximately a year removed from the date of the injury. Obtaining the added expertise of a physician specializing in chronic pain and delayed recovery, such as a pain management consultant, is indicated. Therefore, the request is medically necessary.

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening.

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

Decision rationale: While the California MTUS Chronic Pain Medical Treatment Guidelines does support drug testing in the chronic pain population, the California MTUS does not establish specific parameters for or frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels are being tested for, when the last time an applicant was tested, and also attach the applicant's complete medication list to the request for authorization for testing. In this case, however, the applicant's complete medication list was not attached. The day when the applicant was last tested was not provided. It was not clearly stated what drug test and/or drug panels were being tested for here. Therefore, the request is not medically necessary.

MRI ON THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Web Edition, www.odg-twc.com, Low Back- Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the California MTUS-Adopted ACOEM Guidelines imaging studies should be reserved for cases in which surgery is being considered and/or red flag

diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating lumbar spine surgery. The applicant's well preserved lower extremity strength and sensorium and normal gait argue against the need for any kind of surgical intervention, as does the applicant's already successful return to regular work. There was no mention or suspicion of any red flag diagnoses such as fracture, tumor, infection, cauda equina syndrome, etc., raised on the progress notes in question. Therefore, the request is not medically necessary.