

<b>Case Number:</b>	CM14-0025720		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/13/2004
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 57 year old female who was injured on 01/13/2004. The mechanism of injury is unknown. Prior medication history included Naproxen, Ultram, and Prilosec. Progress report dated 02/11/2014 states the patient complained of pain in the low back, neck, both shoulders, left wrist, and left foot and leg. On exam, there was tenderness and spasticity of the lumbar spine and cervical spine. There was tenderness of shoulders, left wrist, and left foot. Diagnoses are cervical sprain/strain, tendinitis of both shoulders and status post carpal tunnel release. The treatment plan included a refill of medications for 6 months, a request for a MRI of the lumbar spine and a request for a urine testing for toxicology compliance. Prior utilization review dated 02/19/2014 states the requests for magnetic resonance imaging (MRI) of the lumbar spine, refill medications for six (6) months; ointments (unspecified), and urine testing for toxicology compliance are denied. There are no documented findings that support the guidelines criteria. There is no mention of failed conservative treatment and there are no radicular complaints or neurologic deficits documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, MRIs.

**Decision rationale:** According to the ACOEM, "if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI]." According to the ODG guidelines, MRI of the L/S spine is considered if there is severe or progressive neurological deficit, when the patient does not respond to conservative treatment (i.e. physical therapy), when there are red flag signs, or if a surgical intervention is being planned. The patient does not meet the above criteria and thus the MRI of the L/S spine is not medically necessary and is non-certified.

**REFILL MEDICATIONS FOR SIX (6) MONTHS; OINTMENTS (UNSPECIFIED):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per CA MTUS guidelines, topical medications are largely experimental / investigational with few randomized controlled trials. While the ingredients in the requested ointment are unknown, CA MTUS chronic pain guidelines does not support any compounded products that contains at least one drug that is not recommended. Therefore, the medical necessity of the requested ointment is not established.

**URINE TESTING FOR TOXICOLOGY COMPLIANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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, Urine Drug Testing (UDT).

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, prior urine drug test is unknown. Furthermore, there is no evidence of any aberrant behavior or non-compliance to necessitate urine drug test. Therefore, the request for another urine drug screen is not medically necessary and is non-certified.