

Case Number:	CM14-0031390		
Date Assigned:	04/09/2014	Date of Injury:	06/26/2012
Decision Date:	05/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 injured worker is a 42-year-old female who reported an injury on 06/26/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, chiropractic care, and medications. The injured worker was evaluated on 12/27/2013. Physical findings included depressed reflexes of the left biceps, decreased sensation in the left C6 dermatomal distribution, and 4/5 motor strength in the left C6 myotome. The clinical information documented that the injured worker had undergone an MRI of the lumbar spine in 10/2012 that documented mild discogenic changes that involved the L3-4 level. Additionally, the injured worker's current medication list included naproxen, gabapentin, Voltaren gel, lidocaine patches, Micardis, Allegra, and Effexor. The injured worker's diagnoses included disc herniation at the C5-6 with neurological deficits, musculoligamentous sprain/strain of the cervical spine, lumbar strain, and possible lumbar disc herniation. The injured worker's treatment plan included continuation of medications; Ultram, Norflex, and Methoderm were dispensed. A cervical and lumbar MRI was requested due to persistent symptoms recalcitrant to conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN LUMBAR MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI .

Decision rationale: The requested open lumbar MRI is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address repeat imaging. Official Disability Guidelines recommend repeat MRIs for the lumbar spine when there was documentation of progressive neurological deficits since the initial MRI or a significant change in the injured worker's pathology. The clinical evaluation dated 12/27/2013 did not provide any documentation of neurological deficits that would require an MRI. There was no documentation of progressive changes or a significant change in the injured worker's pathology to support the need for an additional imaging study. As such, the requested lumbar MRI is not medically necessary or appropriate.

URINE DRUG SCREEN: Upheld

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

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

Decision rationale: The requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends urine drug screens for patients who exhibit aberrant behavior who are on chronic opioid therapy or have evidence of illicit drug use. The clinical documentation submitted for review does not provide any evidence that the injured worker has any symptoms related to overuse or underuse of the prescribed medication schedule. Additionally, the prescribed medication does not include any controlled substances that would support the need for random urine drug screens. Therefore, the justification for a urine drug screen is not clearly identified. As such, the requested urine drug screen is not medically necessary or appropriate.