MAXIMUS Federal Services

Case Number:	CM14-0035748		
Date Assigned:	06/23/2014	Date of Injury:	01/20/2010
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 61-year-old female with date of injury of 01/20/2010. The listed diagnoses per [redacted] dated 12/24/2014 are: 1. Lumbar spine sprain/strain. 2. Right lower extremity radiculopathy. 3. A 2 mm disk bulge, sclerosis, facet on L4-L5. 4. Cervical spine sprain/strain. 5. Left knee grade 3 tear. 6. Tendinitis. 7. Status post right shoulder scope with meniscal repair dated 05/22/2013. According to the report dated 01/30/2014, the patient complains of worsening symptoms of lumbar spine pain radiating to the right buttock area with increased pain when standing and walking for 30 minutes and the patient also reports right leg giving way. The pain is constant, moderate and severe in nature. The patient also reports difficulty with sleep. The objective findings show there is tenderness to palpation in the paraspinal muscles in the cervical spine. There is negative axial compression. Lumbar spine shows an antalgic gait and stance. There is tenderness to palpation in the bilateral paraspinal muscles. There is a positive straight leg raise with decreased active range of motion. There is decreased sensation in the L4-L5 dermatome and the rest of the handwritten progress report was difficult to decipher. The utilization review denied the request on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines page 301,lumbar bracing Official Disability Guidelines (ODG), lumbar.

Decision rationale: This patient presents with chronic low back pain and right knee pain. The treater is requesting an LSO brace. The ACOEM Guidelines page 301 of lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Furthermore, ODG Guidelines do not support the use of lumbar supports for prevention stating that there is strong inconsistent evidence that lumbar supports were not effective in preventing neck and back pain. In this case, the ACOEM and ODG Guidelines do not support the use of lumbar supports for the treatment and prevention of low back pain therefore LSO brace is not medically certified.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90-91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines Drug testing (MTUS pg 43)**;** Official Disability Guidelines (ODG), Urine Drug Screen (UDS).

Decision rationale: This patient presents with chronic low back pain and right knee pain. The treater is requesting a urine drug screen. While the MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risk opiate users, ODG Guidelines provide a more clear guideline. For low-risk opiate users, a yearly urine drug screen is recommended following the initial screening within the first six months. The utilization review denied the request stating that there is no clear rationale for repeating UDS when the patient does not exhibit aberrant behaviors. However, the review of the available records show one UDS from 1/3/14 which was consistent. There are no other UDS's and there is no evidence that excessive, unnecessary number of UDS's are obtained. MTUS and ODG support use of UDS's for management of opiates and recommendation is for authorization of the UDS obtained on 1/3/14.