

Case Number:	CM14-0098285		
Date Assigned:	07/28/2014	Date of Injury:	11/25/2013
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 and is licensed to practice in Texas. 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 46 year old male injured on 11/25/13 due to an undisclosed mechanism of injury. Diagnoses include cervical disc herniation, chronic tear lateral meniscus, and lumbar disc herniation. Clinical note dated 06/06/14 indicated the injured worker presented complaining of bilateral shoulder pain radiating to cervical spine with upper neck movements resulting in difficulty sleeping. The injured worker rated pain at 8/10. The injured worker also reported pain to the lumbar spine with repetitive sitting, walking and standing for long periods of time. The injured worker reported lumbar spine pain at 8/10. Objective findings included tenderness to cervical spine with limited range of motion, positive Spurling's test, tenderness to the lumbar spine with spasm noted, and tenderness to the right lateral knee. Treatment plan included prescribing of creams, physical therapy 3 times a week for 4 weeks, durable medical equipment (DME) to include back support and right knee support, urine toxicology and the lumbar spine shockwave therapy. Prior urine drug screen performed on 04/23/14, 05/12/14, and 05/29/14 were negative for all tested metabolites. There is no indication the injured worker was utilizing opioid medications. The initial request for outpatient urine analysis and DME purchase of back brace was initially non-certified on 06/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicates the last 3 urine drug screens were consistent with prescribed medications. Additionally, there is no indication the injured worker is utilizing opioid medications requiring drug screens. As such, the request for Outpatient urine analysis cannot be recommended as medically necessary.

DME purchase of back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Clinical Measures, Devices, Lumbar supports.

Decision rationale: As noted in current California Medical Treatment Utilization Schedule, lumbar support (corset) is not recommended for the treatment of low back disorders. There is no recommendation for or against the use of a corset for prevention in an occupational setting. As such, the request for durable medical equipment purchase of back brace cannot be recommended as medically necessary at this time.