MAXIMUS Federal Services

Case Number:	CM13-0015410		
Date Assigned:	12/27/2013	Date of Injury:	11/27/1992
Decision Date:	01/23/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

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 Family Practice 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 58-year-old female who reported an injury on 11/27/1992. The mechanism of injury was not submitted for clinical review. Her diagnoses included disc herniation at the L4-5 level with right and left lumbosacral radiculitis, and cervical spine strain. Previous treatments included medications and x-rays. On 12/02/2014, it was reported the injured worker returned for a follow-up for low back pain. She complained of back stiffness, radicular pain in the right and left leg, and weakness in the right and left leg. The injured worker complained of pain located in the lumbar area, right leg, and left leg. The injured worker rated the pain 4/10 in severity and at its worse10/10 in severity. On physical examination, the provider indicated the patient had muscle strength 4+/5. The L4 dermatome and the L5 dermatome had decreased sensation to light touch bilaterally. The provider indicated the injured worker had a positive pelvic thrust, positive Faber maneuver on the left, and pain to palpation over the L3-4, L4-5, and L5-S1 facet capsules bilaterally. There was a positive straight leg raise on the left side at 30 degrees, and positive with pain, radiating to the left buttock, posterior thigh, medial thigh, and lateral leg, posterior calf, heel, and foot; and positive on the right side at 45 degrees. A request was submitted for an MRI of the spine without contrast, and saliva test for ethanol and POCT urine drug screen. However, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI lumbar spine without contrast is not medically necessary. The California MTUS Guidelines state objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false by positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There was a lack of significant red flag diagnoses or the intent to undergo surgery warranting the medical necessity for the MRI. The rationale for the request was not submitted for clinical review. The medical necessity for an imaging study was not established. Therefore, the request is not medically necessary.

Retrospective saliva test for Ethanol (ETOH) and POCT urine drug screen, DOS: 08/08/13: 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 Urine Drug Test Page(s): 43.

Decision rationale: The request for retrospective saliva test for ethanol (ETOH) and POCT urine drug screen, dos: 08/08/13 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker had any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug taking behaviors. It is unclear when the last urine drug screen was performed. There was also no evidence of opioid use. Therefore, the request is not medically necessary.