

Case Number:	CM14-0187213		
Date Assigned:	11/17/2014	Date of Injury:	04/28/2010
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 63-year-old female with complaints of neck, back, and shoulder pain. The date of injury is 04/28/10; CT 11/20/89 to 04/28/10 and the mechanism of injury is tripping on the legs of a chair. At the time of request for urine drug testing and LSO brace, there is subjective (complaint of neck pain rated at 7/10; lumbar spine pain rated at 8/10 that radiates into the bilateral lower extremities with numbness and tingling sensation; and prominent left shoulder pain), objective (antalgic gait to the left; heel-toe walk exacerbated to the left; diffuse tenderness over the lumbar paravertebral musculature; positive Kemp's test and Farfan test bilaterally; limited ROM of the lumbar spine; well-healed surgical scar in the right knee; positive Patellar compression test bilaterally; decreased sensation to palm, temperature, light touch, vibration, and two-point discrimination in the bilateral L5 dermatomes; 2+ reflexes bilaterally; 4/5 strength in the big toe extensors bilaterally), findings, imaging/other findings (lumbar spine MRI dated 10/07/13 revealed a right foraminal herniation at L5-S1 touching the exiting L5 nerve root, as well as mild to moderate facet hypertrophy), surgeries (left shoulder surgery in 2002, right knee surgery in 2012, left shoulder surgery in 2013, and left shoulder revision decompression and Mumford procedure on 1/15/14), allergies (penicillin), current medications (Elavil, Vicodin, naproxen, Norflex, and Imitrex), diagnoses (lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and status post right knee arthropathy), and treatment to date (physiotherapy and cortisone injection with some pain relief; conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest and a home exercise program with not much benefit). The request for urine drug testing and LSO brace was denied on 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Urine drug testing.

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. It is not clear from the medical records provided that there is one physician prescribing opioids. There is no mention of a medication contract nor is there any progress notes documenting evaluation of pharmacotherapy (analgesic effect, functional improvement, adverse effects, aberrant behavior if present/not present,etc) In this case, the request for a urine drug testing is not medically necessary.

LSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Low Back complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back pain, Physical Methods, Lumbar support, page 301

Decision rationale: Per ACOEM guidelines, there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, there is insufficient evidence to support the need for lumbar brace in this injured worker. At this juncture, the use of lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM and the clinical documentation stated above, the request for a LSO brace is not medically necessary.