

Case Number:	CM14-0190400		
Date Assigned:	11/21/2014	Date of Injury:	11/09/2008
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Management 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:

According to the records made available for review, this is a 52-year-old female with an 11/9/08 date of injury. At the time (10/10/14) of request for authorization for Urine Drug Screens x 9 units x 3-4 year and Lumbar MRI, there is documentation of subjective (increased low back pain associated with lower extremity pain) and objective (tenderness over the lumbar facet joints, paraspinal muscles, and right gluteal region with spasms, dysesthesia to light touch of the right L5 dermatome, and antalgic gait) findings, imaging findings (reported MRI of the lumbar spine (1/10/12) revealed significant progression of disc desiccation at L5-S1, minimal left neural foraminal narrowing, and L5 nerve root closely approximates the disc protrusion at L5-S1; report not available for review), current diagnoses (possibility of right lumbar radiculopathy, myofascial pain, and chronic low back pain), and treatment to date (medications (including ongoing treatment with Norco)). Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment; and that the patient is at "moderate risk" or "high risk" of addiction. Regarding Lumbar MRI, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screens x 9 units x 3-4 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of diagnoses of possibility of right lumbar radiculopathy, myofascial pain, and chronic low back pain. In addition there is documentation of ongoing treatment of Norco. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. In addition, given documentation of the requested Urine Drug Screens x 9 units x 3-4 years, there is no documentation that the patient is at "moderate risk" or "high risk" of addiction. Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Screens x 9 units x 3-4 years is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar, Indications for Imaging, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the

medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of possibility of right lumbar radiculopathy, myofascial pain, and chronic low back pain. In addition, there is documentation of a 2012 MRI of lumbar spine. However, despite subjective (increased low back pain associated with lower extremity pain) and objective (tenderness over the lumbar facet joints, paraspinal muscles, and right gluteal region with spasms, dysesthesia to light touch of the right L5 dermatome, and antalgic gait) findings, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for Lumbar MRI is not medically necessary.