

Case Number:	CM14-0195054		
Date Assigned:	12/02/2014	Date of Injury:	05/03/2000
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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 Pain Medicine 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:

The injured worker is a 68 year-old female with a date of injury of May 3, 2000. The patient's industrially related diagnoses include L/S stenosis, lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. The disputed issues are a request for a low back LSO brace and random urine drug screen. A utilization review determination on 11/14/2014 had non-certified these requests. The stated rationale for the denial of the LSO brace was: "Since the patient has been experiencing chronic low back pain with no history of compression fractures, spondylolisthesis, or instability, it appears that the use of a lumbar support is not medically warranted as they have not shown to be effective beyond the acute phase of symptoms relief." The stated rationale for the denial of the random urine drug screen was: "It appears that the urine drug screen is not medically warranted. Review of submitted records did not reveal that the patient was non-adherent or misusing her medications, thus suggesting that the patient is at 'low risk' of addiction or aberrant behavior. As discussed below, patients at 'low risk' should be tested within six months of initiation of therapy and on a yearly basis thereafter. Records indicated that a urine drug screen was performed on 6/26/14, which was consistent with her medication. Based on the recommendations of the guidelines, the request for 1 urine drug screen is recommended non-certified."

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Low Back Chapter, Lumbar Supports

Decision rationale: Regarding the request for lumbosacral orthosis (LSO brace), ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the medical records available for review, it does not appear that the injured worker is in the acute or subacute phase of her treatment. The date of injury is May 3, 2000, and the documentation indicates that the injured worker has been dealing with pain for a long time. Additionally, there was no documentation indicating that the injured worker has a diagnosis of compression fracture, spondylolisthesis, or instability. In light of these issues, the currently requested LSO brace is not medically necessary.

One (1) Urine Drug Screening Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the medical records available for review, it appears that the provider has recently performed a toxicology test. The records indicate that the injured worker had a UDS on 3/27/2014 that was consistent with medications being prescribed, and another UDS on 6/26/2014, which was also noted to be consistent in subsequent visits. The provider notes that the injured worker is taking the following narcotic pain medication: MS Contin and Norco along with Ambien. However, there was no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency, and the guidelines state that frequency of urine drug testing should be based on documented evidence of risk stratification.

An explanation of "low risk," "moderate risk," and "high risk" of addiction/aberrant behavior is found in the cited guidelines under "Opioids: Tools for Risk Stratification & Monitoring" and "Opioids: Screening Tests for Risk of Addiction & Misuse." The treating physician appealed the utilization review denial on 11/19/14 but did not provide further documentation regarding risk stratification, and there was no statement indicating why this injured worker would be considered to be moderate or high risk for opiate misuse, abuse, or diversion. Based on the recommendations provided by the guidelines, the currently requested urine toxicology test is not medically necessary at this time.