

Case Number:	CM14-0200143		
Date Assigned:	12/10/2014	Date of Injury:	09/11/2000
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 11, 2010. In a utilization review report dated November 25, 2014, the claims administrator denied a lumbar support and partially approved a request for monthly urine drug testing as one urine drug testing alone. The claims administrator referenced a November 7, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In said November 7, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the legs, highly variable, 5-10/10. The applicant was having difficulty sleeping and performing activities of daily living. The applicant acknowledged that medications such as Norco and modalities such as physical therapy had not proven particularly beneficial. The applicant was deemed "disabled," it was suggested in the social history section of the note. Multiple palpable tender points were noted. The applicant was asked to restart hydrocodone and Xanax and also employ topical compounded medications. A lumbar support and monthly urine drug testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace (LSO with anterior and posterior panels): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, November 7, 2014. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated on or around the date in question, given the chronicity of the applicant's low back pain complaints. Therefore, the request was not medically necessary.

Monthly urine drug screenings: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. The ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, stipulates that an attending provider furnish an applicant's complete medication list along with the request for authorization for testing, clearly state when an applicant was last tested, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices in the United States Department of Transportation (DOT) when performing drug testing, and attempt to stratify applicants into higher- or lower-risk category for which more or less frequent drug testing would be indicated. In this case, the attending provider did not clearly outline any risk factors which would compel the monthly drug testing at issue here. It was not readily evident or apparent why such frequent drug testing would be needed here. The attending provider did not state what drug tests and/or drug panels he was testing for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.