

Case Number:	CM14-0203910		
Date Assigned:	12/16/2014	Date of Injury:	02/20/1998
Decision Date:	02/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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:

This patient has low back pain, neck pain and bilateral upper extremity pains. The patient is a 55-year-old who sustained injury to the lumbar spine and bilateral wrists at work. The patient takes medications for pain to include Lidoderm patches. The patient had a previous spinal cord stimulator trial which was somewhat effective in decreasing pain. The patient continues to have chronic low back pain. The patient takes chronic narcotics for back pain. The patient also complains of bilateral upper extremity pain. Physical examination shows decreased grip strength bilaterally. There is intact range of motion and negative Tinel sign. At issue is whether urine drug screen is medically necessary. Also at issue is whether preoperative evaluation is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines.

Decision rationale: MTUS guidelines do not recommend the use of long-term narcotics for chronic pain. In addition, the medical records do not document significant functional improvement with previous narcotic therapy. Medical records do not document that the patient's involved in a functional restoration program. Criteria for additional narcotic therapy not met.

Pre-op labs CBC, CMP, MRSA nasal culture, chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter pages 305 through 322, MTUS hand pain chapter.

Decision rationale: This patient does not meet criteria for lumbar spine or upper extremity surgery. Specifically, the medical records do not contain documentation of specific surgical pathology. There is no clear correlation between imaging studies and physical examination. Surgical indication for low back or upper extremities not met.

Prospective use of Keflex 500mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines.

Decision rationale: The medical records do not document that this patient has active infection. Therefore, oral antibiotics are not medically necessary. Also, Since surgery is not medically necessary, then all other associated items are not needed.