

Case Number:	CM14-0211523		
Date Assigned:	12/24/2014	Date of Injury:	06/23/2003
Decision Date:	02/17/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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 Preventive 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:

According to the records made available for review, this is a 65-year-old male with a 6/23/03 date of injury. At the time (10/28/14) of the request for authorization for 1 hot/cold contrast system for 30 days for home use and 1 urine toxicology screen, there is documentation of subjective (low back pain, pain under the feet that is the same with associated burning sensation) and objective (wide-based gait, heel-toe walk performed with difficulty secondary to low back pain, tightness, spasm, and tenderness over the cervical paravertebral musculature, facet tenderness to palpation over the C3 to C7 spinous processes, decreased cervical spine range of motion, moderate to severe lumbar paravertebral musculature tenderness, positive sacroiliac tenderness bilaterally, positive Fabere's/Patrick on the left, positive sacroiliac thrust test on the left, positive Yeoman's test on the left, positive Kemp's test bilaterally, positive Farfan test bilaterally, decreased lumbar spine range of motion) findings, current diagnoses (cervical spine disc disease, lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy), and treatment to date (medial branch block and medication). Medical reports identify the patient underwent urine toxicology screening on 7/22/14. Regarding 1 urine toxicology screen, there is no documentation that the patient is at "moderate risk" of addiction & misuse or at "high risk" of adverse outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 hot/cold contrast system for 30 days for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217 PubMed - indexed for MEDLINE.

Decision rationale: The MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. The ODG identifies that there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, on time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for 1 hot/cold contrast system for 30 days for home use is not medically necessary.

1 urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The 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. The 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 cervical spine disc disease, lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. In addition, there is documentation of a urine drug screen having been performed recently. However, there is no documentation that the patient is at "moderate risk" of addiction & misuse or at "high risk" of adverse outcomes. Therefore, based on guidelines and a review of the evidence, the request for 1 urine toxicology screen is not medically necessary.