

Case Number:	CM15-0007943		
Date Assigned:	01/26/2015	Date of Injury:	06/13/2013
Decision Date:	03/20/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on June 13, 2013. He has reported low back injury. The diagnoses have included lumbar spondylolisthesis, myelopathy, and spondylosis. Treatment to date has included medications, radiological imaging, and back surgery. Currently, the IW complains of back pain. X-rays taken on September 19, 2014, demonstrate a completed fusion. In an evaluation on November 7, 2014, it is noted he has a one inch shortening of the right lower extremity. On December 22, 2014, Utilization Review non-certified heel lifts, and computed tomography scan of lumbar spine, and 6 panel urine drug test, based on ODG, ACOEM, and MTUS guidelines. On January 12, 2015, the injured worker submitted an application for IMR for review of heel lifts, and computed tomography scan of lumbar spine, and 6 panel urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heel lifts: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Shoe insoles/shoe lifts

Decision rationale: The patient presents with pain affecting the low back. The current request is for Heel lifts. The treating physician report dated 11/7/14 (57E) states, "At this point, I have recommended one inch shoe lift." The report goes on to note that there is leg length asymmetry, 22m right side shorter than left. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding shoe insoles and lifts: "Recommended as an option for patients with a significant leg length discrepancy or who stand for prolonged periods of time. Not recommended for prevention. Customized insoles or customized shoes are not recommended as a treatment for back pain." In this case, the physician has noted that the patient's right leg is 22m shorter than the left. Furthermore, the reports provided document that the patient does stand for prolonged periods of time while at work. The current request satisfies the ODG guidelines as outlined in the Low back chapter. Recommendation is for authorization.

CT of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, CT (computed tomography)

Decision rationale: The patient presents with pain affecting the low back. The current request is for CT of the lumbar spine. The treating physician report dated 11/7/14 (57E) provides no rationale for the current request. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding CT scans of the low back: "Not recommended except for indications below for CT." CT scans are supported by the ODG to, "Evaluate pars defect not identified on plain x-rays." In this case, the treating physician diagnosed the patient with Spondylolisthesis/pars defect L5-S1. Furthermore, there is no documentation provided that shows the pars defect was identified on plain x-rays. The current request satisfies the ODG guidelines as outlined in the Low Back chapter. Recommendation is for authorization.

6-panel UDT: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Urine drug testing

Decision rationale: The patient presents with pain affecting the low back. The current request is for 6-Panel UDT. The treating physician report dated 11/7/14 (57E) states, "Urine drug testing is being performed today (with patient consent), for the purpose of monitoring, documenting, and ensuring patient compliance with the use of prescription medications that can be habit forming, abused, and/or diverted." The MTUS guidelines page 77 states under opioid management:

"Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends a once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the physician is initiating opioid therapy in the form of Tramadol. It is unclear when the last UDS was performed. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. In this case, the physician is following MTUS guidelines associated with opioid use and the current UDT does not appear excessive or outside of the guidelines. Recommendation is for authorization.