

Case Number:	CM15-0104354		
Date Assigned:	06/08/2015	Date of Injury:	01/24/2011
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 35-year-old male, who sustained an industrial injury on January 24, 2011. The injured worker has been treated for low back complaints. The diagnoses have included lumbago, lumbar disk degeneration, lumbar disk displacement without myelopathy, radiculitis without neurological deficit and left sciatica. Treatment to date has included medications, radiological studies, MRI, physical therapy, epidural injections, a transcutaneous electrical nerve stimulation unit, buttock injections and lumbar surgery. Current documentation dated April 20, 2015 notes that the injured worker reported left buttock pain secondary to a left transforaminal epidural steroid injection, which produced shooting pain in the left lower extremity. The injured worker was noted to have residual left buttock tightness. The left buttock tightness was a change in the injured worker status. Examination of the lumbar spine revealed tenderness of the left sciatic notch and a decreased range of motion. A straight leg raise was positive to the left sciatic notch. The treating physician's plan of care included a request for a urine drug screen four times a year and a consultation second opinion at a tertiary care center for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen serum drug screen Qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen serum drug screen #4 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are degeneration lumbar disc; and displacement lumbar disc without myelopathy. The injured worker was seen by a neurosurgeon that evaluated the injured worker and determines the symptoms and signs exhibited are nonsurgical. The injured worker underwent epidural steroid injection on April 15, 2015 with improvement in the left lower extremity symptoms resolve dramatically, although there was tightness in the left buttock. The injured worker is still fully employed as a teacher's aide. The treating provider prescribes tramadol 50 mg. There were no other opiates or controlled substances in the record. There is no documentation of aberrant drug-related behavior. There is no risk assessment in the medical record to determine whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with aberrant drug-related behavior, drug misuse or abuse, urine drug screening serum drug screening #4 is not medically necessary.

Consultation second opinion at a Tertiary Care center such as USCF or Stanford, Low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, consultation second opinion at tertiary care center such as UCSF or Stamford for the low back is not

medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are degeneration lumbar disc; and displacement lumbar disc without myelopathy. The injured worker was seen by a neurosurgeon who evaluated the injured worker and determine the symptoms and signs exhibited are nonsurgical. The injured worker underwent an epidural steroid injection on April 15, 2015 with improvement in the left lower extremity symptoms resolve dramatically, although there was tightness in the left buttock. The injured worker is still fully employed as a teacher's aide. The treating provider prescribes tramadol 50 mg. There were no other opiates or controlled substances in the record. The utilization review states the injured worker was authorized for a microdiscectomy and laminotomy at L5 - S1 that was authorized in November 2013. The injured worker reportedly underwent the procedure by the treating provider on January 28, 2014. An MRI of the lumbar spine was performed September 20, 2013 that showed a disc bulge at L3 - L4 without central canal narrowing. It did not abut descending nerve roots. There was no foraminal narrowing. At L5 - S1, there is a diffuse disc bulge with the new left disc extrusion that extends 6 mm posteriorly and 4 mm sensually. There is no significant central canal narrowing, but the disc extrusion abuts and displaces the descending S1 nerve root. The injured worker's symptoms have worsened. The initial neurosurgeon that evaluated the patient and provided an epidural steroid injection on April 15, 2015 indicated the signs and symptoms were nonsurgical. There is no documentation in the medical record of ongoing physical therapy, acupuncture or chiropractic treatment in an attempt to alleviate symptoms. Objective clinical findings, according to a progress note dated April 20, 2015, showed tenderness at the left sciatic notch, decreased range of motion of the lumbar spine, positive straight leg raising in a seated position to the left sciatic notch and psychiatric/mental status testing. There was no neurologic evaluation in the medical record. Consequently, absent clinical documentation with a clinical rationale for a referral to a tertiary care facility prior to aggressive conservative modalities, analgesics, repeat epidural steroid injection, consultation second opinion at tertiary care center such as UCSF or Stamford for the low back is not medically necessary.