

Case Number:	CM15-0105424		
Date Assigned:	06/09/2015	Date of Injury:	05/08/2000
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
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, 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 72-year-old female patient who sustained an industrial injury on 05/08/2000. A pain management visit dated 04/04/2015 reported subjective complaint of having low back pain, left hip pain with shooting pain down the left thigh and knee. There is also bilateral feet and hand pain. Objective findings showed the lumbar spine palpation of lumbar facet showed pain bilaterally L5-S1. There is pain noted over the lumbar intervertebral spaces on palpation. Anterior lumbar flexion causes pain and there is pain noted with lumbar extension. She is diagnosed with chronic low back pain; chronic left hip pain due to possible osteoarthritis; possible left lumbar radiculopathy with spinal stenosis, and rule out peripheral neuropathy in lower extremity. The plan of care noted the patient continuing with current medications; undergo further diagnostic testing radiography study to include hip and lumbar spine magnetic resonance imaging study. A primary treating visit dated 04/06/2015 reported the patient stating that the greater trochanter pain is reduced significantly after had received injection last visit. She reports taking Gabapentin and Nortriptyline. The recommendation is to undergo lumbar spine surgery. Of note, the patient does not tolerate Opiates well, nor NSAID's due to being status post gastric bypass. The Nortriptyline was discontinued and a trial of Cymbalta initiated. The patient had an urgent visit on 03/06/2015 due to pain and she was administered an injection. A visit on 02/02/2015 revealed subjective complaint of having low back pain, buttocks, hips that is not improving. She is with limited function and relies on her family to perform household duty. The recommendation to undergo surgery stands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, steps to take before a therapeutic trial of Opioids Page(s): 43, 77-80 and 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain (Chronic) Chapter, and Urine drug testing (UDT).

Decision rationale: The patient presents with diagnoses of chronic low back pain, chronic left hip pain due to possible osteoarthritis, possible left lumbar radiculopathy with spinal stenosis and rule out peripheral neuropathy in lower extremity. The patient does not tolerate Opiates well, nor NSAID's due to being status post gastric bypass. The patient currently complains of low back pain as well as left hip pain shooting down to the left thigh and knee. The patient also reports bilateral hand and bilateral feet pain. The current request is for urine drug screen. The 4/24/15 (14B) treating report notes, "the standard controlled-medication monitoring protocol in this clinic is initiated, in compliance with DEA recommendation, routine urine drug screen test was performed in the office indicating preliminary results are consistent with the patient reporting. The urine sample will be sent out for confirmatory test." The utilization review dated 5/14/15 (4A) declined the request for a urine drug screen noting that the clinical history provided did not indicate what medications that patient was treating with. In this case, the clinical history notes in the treating physician report dated 5/22/15 (9B) the patient is treating with Cymbalta and Butrans. The treating report dated 5/5/15 (10B) notes the patient is treating with Norco. ODG states "Urine drug test is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered." The ODG guidelines go on to state that the frequency of urine drug testing should be based on risk stratification. In this case, the patient treats with an opioid. There is no record of a previous urine toxicology screening. The documentation provided does not discuss if the patient is at low risk (1 time yearly), medium risk (2-3 times yearly) or high risk (up to monthly) for addiction/aberrant behavior. However, given there is no record of a previous urine toxicology screening the patient should have at least one urine toxicology screening as requested by the physician. Requested treatment is medically necessary.

MRI of lumbar spine without contrast: Upheld

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 Online, Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with diagnoses of chronic low back pain, chronic left hip pain due to possible osteoarthritis, possible left lumbar radiculopathy with spinal stenosis and rule out peripheral neuropathy in lower extremity. The patient does not tolerate Opiates well, nor NSAID's due to being status post gastric bypass. The patient currently complains of low back pain as well as left hip pain shooting down to the left thigh and knee. The patient also reports bilateral hand and bilateral feet pain. The current request is for MRI of lumbar spine without contrast. The utilization review dated 5/14/15 (6A) declined the request and noted the clinical history provided "did not reveal that the patient's recent course of conservative intervention such as physical therapy or activity modification to address current flare-up to substantiate the necessity for MRI for this chronic injury back to the year of 2000." The treating physician states on 4/24/15 (17B). "I would like more imaging studies including an MRI of the lumbar spine for further assessment." Previous MRI of lumbar spine on 1/27/14 reveals lumbar spondylosis most notable at L4-5 and L3-4, most pronounced with mild to moderate foraminal stenosis noted at both of these levels. ACOEM and MTUS guidelines do not address repeat MRI scans. The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The guidelines do not support routine MRI's in the absence of significant change in symptoms and/or findings suggestive of significant pathology." Such is not demonstrated in this patient. The current request is not medically necessary.