MAXIMUS Federal Services

Case Number:	CM15-0109930		
Date Assigned:	07/22/2015	Date of Injury:	05/13/2013
Decision Date:	09/18/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 38 year old male, who sustained an industrial injury on May 13, 2013. He reported low back pain. The injured worker was diagnosed as having lumbar spine radiculopathy and herniated lumbar disc. Diagnostic studies to date have included: On January 8, 2015, electromyography/nerve conduction studies of the lower extremities revealed multilevel lumbosacral radiculopathy primarily involving lumbar 5-sacral 1, not excluding lumbar 4, somewhat greater on the left. On January 23, 2015, an MRI of the lumbar spine revealed hypertrophy of facet joints and ligamenta flava causing spinal canal narrowing and neural foraminal narrowing on both sides at lumbar 3-4. T lumbar 4-5, there was diffuse disc protrusion with effacement of the thecal sac and compromise of the spinal canal. There was disc material and facet hypertrophy causing bilateral neural foraminal narrowing that effaces the bilateral lumbar 4 exiting nerve roots. Neutral disc measurement: 2.2 millimeter. At lumbar 5-sacral 1, there was disc material and facet hypertrophy causing bilateral neural foraminal narrowing that effaces the bilateral lumbar 5 exiting nerve roots. Neutral disc measurement: 2.4 millimeter. There was neural foraminal narrowing on both sides of the lumbar 3-4 level that was new as compared with the previous scan. Treatment to date has included physical therapy without benefit, an epidural steroid injection without relief, home health care, and medications including opioid analgesic and anti-epilepsy drugs. There were no noted previous injuries or dates of injury, and no noted comorbidities. Work status: Disability was deferred to the primary treating physician. On March 5, 2015, the injured worker complained of continued, severe low back pain. His pain was rated 10/10 on a visual analogue scale. He reports difficulty with activities of daily

living and sleeping due to pain. He wants surgery and had psychiatric clearance for it. There was a spine surgery consultation for a second opinion pending. The physical exam revealed decreased lumbar range of motion. There was a positive left straight leg raise at 70 degrees and positive rights cross straight leg raise that elicited pain at the lumbar 5-sacral 1 dermatome distribution. There was hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the lumbar 4 through sacral 1 dermatome distribution. There was big toe dorsiflexor and plantar flexor weakness, facet joint tenderness at the lumbar 3 through lumbar 5 levels, paraspinal tenderness and spasms, normal deep tendon reflexes of the knees, and the deep tendon reflex of the right ankle was decreased and the left was absent. Requested treatments include: Pre-op Labs to include CBC, PTT, PT, INR, CHEM7, SMA7, and UA and Tylenol No. 4 #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op Labs to include CBC, PTT, PT, INR, CHEM7, SMA7, and UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic (Acute & Chronic) Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Urinalysis in the diagnosis of kidney disease and Preoperative medical evaluation of the healthy patient.

Decision rationale: The injured worker is a 38 year old man. The worker had no cardiac, hepatic, renal or esophageal symptoms documented. There were no historical or exam findings for toxicity or side effects of medications. He has no history of renal disease, cardiovascular disease, diabetes, coagulopathy or anemia. There is no documentation of issues with compliance with medications or dosage and no symptoms of any toxicity. A complete urinalysis may be performed in individuals with suspected kidney disease or kidney stones. A complete urinalysis may also be used to clarify urine dipstick analyses findings in asymptomatic individuals who may have had the urine dipstick as part of a workup for another condition such as hypertension or diabetes. The records do not document any urinary symptoms or suspicion of kidney disease to substantiate the medical necessity of a urinalysis. Given his age and no documentation of issues with compliance of medications or dosage and no symptoms of any toxicity or renal or cardiovascular illnesses or symptoms, the medical necessity of Pre-op Labs to include CBC, PTT, PT, INR, CHEM7, SMA7, and UA are not medically necessary.

1 prescription of Tylenol No. 4 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Tylenol #4 is not substantiated in the records.