

Case Number:	CM15-0130700		
Date Assigned:	07/23/2015	Date of Injury:	02/04/2009
Decision Date:	09/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of February 4, 2009. In a Utilization Review report dated June 17, 2015, the claims administrator failed to approve requests for a CBC, CMP with estimated glomerular filtration rate, CT imaging of the lumbar spine, and a random urine sample. The claims administrator referenced an RFA form and an associated progress note of May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of low back and shoulder pain. A rather proscriptive 5-pound lifting limitation was imposed. The applicant was not working with said limitation in place, it was acknowledged. 6/10 pain complaints were reported, aggravated by reaching, lifting, pushing, pulling, bending, and stooping, it was reported. The applicant was on Naprosyn, tramadol, and Prilosec, it was reported. CT imaging of lumbar spine was sought on the grounds that the applicant had failed to respond favorably to conservative treatment, including physical therapy. The note was difficult to follow, handwritten, and comprised, in large part, of preprinted checkboxes. The applicant had seemingly undergone earlier shoulder surgery and earlier lumbar spine surgery at L5-S1, it was reported. The applicant was pending a shoulder ultrasound and a home interferential unit, it was reported. The attending provider stated that laboratory testing was needed to evaluate the applicant's renal and hepatic function given her longstanding history of medication consumption. In an earlier note dated April 20, 2015, the attending provider stated that the applicant had longstanding radicular pain complaints status post earlier failed lumbar spine surgery. The applicant was placed off of work, on total temporary disability, on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs: CBC: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Yes, the proposed complete blood count (CBC) was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routinely suggested laboratory monitoring in applicants on NSAIDs includes periodic assessment of an applicant's hematologic function via a CBC, renal function, and hepatic function. Here, the applicant was reportedly using Naprosyn, an anti-inflammatory medication, along with other medications processed in the liver and kidneys, including tramadol. Assessment of the applicant's hematologic function via the CBC in question was, thus, indicated. Therefore, the request was medically necessary.

Labs: CMP with eGFR: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for CMP with estimated glomerular filtration rate (EGFR) was likewise medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routinely suggested laboratory monitoring in applicants on NSAIDs includes periodic assessment of an applicant's renal and hepatic function. Here, the applicant was on Naprosyn, an anti-inflammatory medication. The applicant was also using a second medication processed in the liver and kidneys, namely tramadol. Assessment of the applicant's renal and hepatic function via the comprehensive metabolic profile (CMP) at issue was, thus, indicated. Therefore, the request was medically necessary.

CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Conversely, the request for CT imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar CT in question and/or consider surgical intervention based on the outcome of the same. The handwritten progress note of May 27, 2015 was difficult to follow, not entirely legible, and did not clearly state, suggest, or even insinuate that the applicant was considering further lumbar spine surgery here. Therefore, the request was not medically necessary.

Random urine sample: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

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

Decision rationale: The request for a random urine sample (AKA urine drug screen) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that urine drug screening is recommended as an option in the chronic pain population to assess for the presence or absence of illicit drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation when performing testing, and attempt to categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. The applicant's complete medication list was not seemingly attached to the May 27, 2015 progress note; although it was acknowledged that the applicant was using Naprosyn, tramadol, and Prilosec on that date. There was no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.