

Case Number:	CM15-0131203		
Date Assigned:	07/23/2015	Date of Injury:	04/16/2015
Decision Date:	10/02/2015	UR Denial Date:	07/02/2015
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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year-old man sustained an industrial injury on 4/18/2015. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain/strain and resolved great toe contusion. Treatment has included oral medications. Physician notes on a doctor's first report of injury or illness form dated 6/24/2015 show complaints of constant low back pain rated 4-5/10 and right toe pain that comes and goes. Recommendations include urine drug screen/ laboratory testing, and lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. CA MTUS do not mandate an exact frequency of urine drug testing with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, bo narcotics or benzodiazepines have been prescribed. A short course of muscle relaxers was prescribed but there is no indication for urine drug testing in limited muscle relaxer use. There is no medical indication for urine drug screen and the original UR denial is upheld.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. There is no indication in the record of any specific nerve root compromise. Initial symptoms have improved. MRI of lumbar spine is not medically necessary.

Labs: CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Tests, p177.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests such as CBC. A CBC may be ordered to assess for signs of infection, inflammation, anemia or other blood or bone marrow condition. In this case, there is no explanation of the reason for ordering the tests. Without a documented medical explanation of the need for the tests, the CBC is not medically necessary.

Labs: CRP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Tests.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests such as CRP. A CRP may be ordered to assess for signs of systemic inflammation. In this case, there is no explanation of the reason for ordering the tests. Without a documented medical explanation of the need for the tests, the CRP not medically necessary.

labs: CPK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Tests.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests such as CPK. A CPK may be ordered to assess for signs of muscle inflammation or damage. In this case, there is no explanation of the reason for ordering the tests. Without a documented medical explanation of the need for the tests, the CPK testing is not medically necessary.

Labs: Chem 8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Tests, p581.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests such as Chem 8. A Chem 8 may be ordered to assess electrolytes levels or kidney function. In this case, there is no explanation of the reason for ordering the tests. Without a documented medical explanation of the need for the tests, the Chem 8 is not medically necessary.

Labs: Hepatic panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Tests.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests such as a hepatic panel. A hepatic panel may be ordered to assess liver function. In this case, there is no explanation of the reason for ordering the tests. Without a documented medical explanation of the need for the tests, the hepatic function testing is not medically necessary.

Labs: Arthritis panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Tests.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests such as an arthritis panel. An arthritis panel may be ordered to assess for systemic rheumatologic causes of erosive arthritis. In this case, there is no explanation of the reason for ordering the tests. Without a documented medical explanation of the need for the tests, the arthritis panel is not medically necessary.