MAXIMUS Federal Services

Case Number:	CM15-0143838		
Date Assigned:	08/04/2015	Date of Injury:	08/24/2007
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 53 year old female who sustained an industrial injury on 08-24-2007. Mechanism of injury was not found in documents presented for review. Diagnoses include cervical spondylosis, and lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostic studies, medications, and physical therapy and home exercises. Her medications include Norco, Benadryl, Ibuprofen, Prilosec, and Soma. A physician progress note dated 12-02-2014 documents the injured worker complains of chronic neck and back pain secondary to a work-related injury. She describes her pain as aching, radiating and tight. Gabapentin was discontinued due to severe allergic reaction of rashes. She takes Norco 6 times a day for pain and Benadryl, which helped with her allergies and insomnia. She takes Soma 4 times a day for muscle spasms. She remains to be functional on her medications and denies any adverse effects. The cervical spine has restricted range of motion, and tenderness to palpation. Palpable twitch positive trigger points are noted in the muscles of the head and neck. Her lumbar spine reveals pain on palpation to both sides at L3-S1. There is pain noted over the lumbar intervertebral spaces on palpation. She has an antalgic gait. There is painful and restricted range of motion. Oswestry Disability Exam and her total score was 41% to 60%-severe disability. The treatment plan included retrospective follow up evaluation with a pain management specialist-cervical-DOS 12-02-2014. Treatment requested is for Retrospective Oswestry Exam (DOS 12/02/14), and Retrospective Urine Drug Screen other than chromatographic; any number of

drug classes, by clia waived test or moderate complexity test, per patient encounter (DOS 12/02/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Drug Screen other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter (DOS 12/02/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids, once during January-June, and another July-December." Based on the patient's current medication regime and ongoing treatment with pain management, this request is reasonable and within guidelines. As such, the request for Retrospective Urine Drug Screen other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter (DOS 12/02/14) is medically necessary.

Retrospective Oswestry Exam (DOS 12/02/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary Online Version last updated 06/25/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG states concerning office visits "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." ACOEM states regarding assessments, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." And further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." The treating physician does not detail the rationale or provide additional information for the requested exam. This should be part of the routine office exam. As such, the request for Retrospective Oswestry Exam (DOS 12/02/14) is not medically necessary at this time.