

Case Number:	CM15-0166552		
Date Assigned:	09/04/2015	Date of Injury:	06/23/2011
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 64-year-old male, who sustained an industrial injury on June 23, 2011. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbar disc displacement, lumbar radiculopathy and lumbar sprain. Treatment to date has included epidural steroid injection and medication. A progress note dated July 21, 2015 provides the injured worker complains of chronic low back pain radiating to lower extremities with numbness and tingling. He reports previous epidural steroid injections helped but have worn off. Physical exam notes muscle spasm. The plan includes pain management consultation, lumbar sacral orthosis (LSO) brace and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, under lumbar supports.

Decision rationale: The current request is for a LSO brace. The RFA is dated 07/21/15. Treatment to date has included physical therapy, epidural steroid injection and medications. The patient is not working. MTUS/ACOEM Guidelines page 301 under lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per report July 21, 2015, the patient complains of chronic low back pain radiating to lower extremities with numbness and tingling. Examination revealed weight gain, high blood pressure, and muscle spasms. The patient was diagnosed as having lumbar disc displacement, lumbar radiculopathy and lumbar sprain. The patient is taking OTC Advil to decrease pain and inflammation. The treater requested a LSO brace for support while the patient is walking and standing. This is the only report provided for review. Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain.

Therefore, the request IS NOT medically necessary.

Random urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): (Urine Drug Testing (UDT)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The current request is for a Random urine drug screen. The RFA is dated 07/21/15. Treatment to date has included physical therapy, epidural steroid injection and medications. The patient is not working. MTUS Chronic Pain Guidelines, under Drug Testing section, Page 43 has the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. ODG Pain Chapter, under Urine Drug Testing has the following: Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Per report July 21, 2015, the patient complains of chronic low back pain radiating to lower extremities with numbness and tingling. The patient was diagnosed as having lumbar disc displacement, lumbar radiculopathy and lumbar sprain. The patient is taking OTC Advil to decrease pain and

inflammation. The treater requested a quantitative random urine drug screen. This is the only report provided for review and there is no indication that the patient is on an opiate regimen to warrant a urine drug screen. This request IS NOT medically necessary.