

Case Number:	CM15-0184491		
Date Assigned:	09/25/2015	Date of Injury:	10/27/1995
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California

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:

The injured worker is a 65 year old male, who sustained an industrial injury on October 27, 1995. Medical records indicate that the injured worker is undergoing treatment for low back pain, major depression, generalized anxiety disorder and psychological factors affecting medical condition. The injured workers current work status was not identified. On (8-13-15) the injured worker complained of low back pain which radiated to the bilateral shoulders. The pain was rated 5 out of 10 on the visual analogue scale. The pain was described as achy, shooting and throbbing. The pain was aggravated by bending and twisting. Examination of the lumbar spine revealed no tenderness to palpation and a limited and painful range of motion. A bilateral femoral nerve traction test and bilateral Slump test were positive. The injured workers gait was normal. Treatment and evaluation to date has included medications, lumbar MRI (1990's), trigger point injections, psychological evaluation and treatments and hot-cold therapy. Current medications include Prozac, Prilosec, Butrans and Xanax prescribed by another physician. Current requested treatments include an MRI of the lumbar spine without contrast and a retrospective urine drug screen. The Utilization Review documentation dated 8-21-15 non-certified the requests for an MRI of the lumbar spine without contrast and a retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Radiology.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The updated MRI request was to provide trigger point injections and ESI. There were no radicular symptoms to require and ESI. Trigger point injections do not require an MRI. The request for an MRI of the lumbar spine is not medically necessary.

Retrospective review of 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), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.