

<b>Case Number:</b>	CM15-0203025		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/15/2004
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Emergency 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:

This 54 year old male sustained an industrial injury on 6-15-04. Documentation indicated that the injured worker was receiving treatment for lumbar spine sprain and strain, losing and discoloration of teeth and gastritis. Recent treatment consisted of home exercise and medications. In a PR-2 dated 3-4-15, the injured worker complained of ongoing left lumbar spine pain and weakness. The injured worker also complained of feeling tired. The injured worker reported that medications helped reduce symptoms and allowed him to be functional. Physical exam was remarkable for pain throughout the lumbar spine, worse at L4-5, positive bilateral straight leg raise, 1 plus bilateral knee jerk and ankle jerk reflexes, intact lower extremity sensation and weakness of the left quadriceps and hamstrings. The injured worker could barely flex to mid patella with pain. The physician recommended joining a gym, continuing medications (Prilosec and Methadone), continuing home exercise and a lumbar spine brace. In a PR-2 dated 8-26-15, the injured worker complained of an exacerbation of low back pain, rated 8 to 9 out of 10 on the visual analog scale after a fall. The injured worker reported that medications helped to keep him "somewhat" functional. Physical exam was unchanged with the exception of "exquisite" tenderness to palpation to the lumbar spine, worse at L4-5. Urine drug screen performed during the office visit was positive for Methadone, Cannabinoid, and Zolpidem. The treatment plan included continuing to wait for lumbar spine brace (TLS), refilling medications (Methadone, Celexa, and Prilosec), and continuing home exercise. On 9-14-15, Utilization Review noncertified a request for lumbar spine brace (TLSO) and urine toxicology screening.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Spine Brace (TLSO) with pockets on the side (Velcro Brace): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (online version), Back Braces/ Lumbar Supports.

**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, (Acute & Chronic), Lumbar Supports.

**Decision rationale:** The requested Lumbar Spine Brace (TLSO) with pockets on the side (Velcro Brace) is not medically necessary. American College of Occupational and Environmental Medicine (ACOEEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief" Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note, "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP: recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has complained of an exacerbation of low back pain, rated 8 to 9 out of 10 on the visual analog scale after a fall. The injured worker reported that medications helped to keep him "somewhat" functional. Physical exam was unchanged with the exception of "exquisite" tenderness to palpation to the lumbar spine, worse at L4-5. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute post-operative treatment. The criteria noted above not having been met, Lumbar Spine Brace (TLSO) with pockets on the side (Velcro Brace) is not medically necessary.

### **Urine Toxicology Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** The requested Urine Toxicology Screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior when there is a clinical indication. These screenings should be done on a random basis. The injured worker has complained of an exacerbation of low back pain, rated 8 to 9 out of 10 on the visual analog scale after a fall. The injured worker reported that medications helped to keep him somewhat functional. Physical exam was unchanged with the exception of exquisite tenderness to palpation to the lumbar spine, worse at L4-5. The treating provider has not documented provider

concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Toxicology Screen is not medically necessary.