

Case Number:	CM15-0204825		
Date Assigned:	10/21/2015	Date of Injury:	11/10/2011
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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, Texas
 Certification(s)/Specialty: Internal 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 injured worker is a 63 year old male who reported an industrial injury on 11-10-2011. His diagnoses, and or impressions, were noted to include: lumbar spine strain-sprain, rule-out herniated nucleus pulposus; lumbar radiculopathy; and status-post hernia repair. No current imaging studies were noted. His treatments were noted to include: an agreed medical examination on 3-9-2015, with supplemental report on 4-29-2015; physical therapy and acupuncture for the lumbar spine; electrodiagnostic studies of the bilateral lower extremities on 4-13-2015; medication management with toxicology studies (3-17-15, 4-21-15, 5-19-15); and a return to full work duties. The progress notes of 6-23-2015 reported: constant, burning low back pain, rated 6 out of 10, that radiated down the hips, associated with numbness-tingling of the bilateral lower extremities, aggravated by prolonged positioning, movements, and activities of daily living; and temporarily improved by activity restrictions and medications. The objective findings were noted to include: no acute distress; tenderness at the lumbar para-spinal muscles and both sciatic notches, left > right, with positive bilateral straight leg raise, flip test and Kemps test, and decreased lumbar range-of-motion; slightly decreased sensation at the bilateral lumbar 4-5 & sacral 1 dermatomes; and decreased motor strength at the bilateral lower extremities secondary to pain. The physician's requests for treatment were noted to include urine toxicology studies and MRI of the lumbar spine. The Request for Authorization, dated 6-23-2015, was noted for "please see attached page 1 to this RFA" - noted for medications only. The Utilization Review of 9-23-2015 non-certified the request for MRI of the lumbar spine and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids for chronic pain.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the provider is concerned regarding drug misuse or abuse or that the patient is currently being treated with opioid medications. The UDS is not medically necessary.

1 MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: According to the ACOEM criteria for ordering an MRI for lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program or failed 4-6weeks of conservative care including an active component. An MRI of the lumbar spine is not medically necessary.