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| Case Number: | CM15-0021102 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 10/07/2009 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 7, 2009. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve requests for a lumbar diskogram and a urinalysis. Somewhat interestingly, the claims administrator interpreted the request for a urinalysis as a urine drug screen. The claims administrator referenced a December 12, 2014 progress note in its determination. The claims administrator also referenced a lumbar MRI imaging of October 3, 2014 notable for mild degenerative changes, most prominent at L5-S1. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated October 7, 2010, the applicant reported persistent complaints of low back and hip pain. The applicant had apparently returned to an alternate position driving a bus at that point in time. The applicant was nevertheless given a 22% whole person impairment rating. The remainder of the file was surveyed. The bulk of the progress notes provided dated back to 2011. It does not appear that the December 12, 2014 progress note on which the requests in question were initiated were incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309.

Decision rationale: 1. No, the proposed lumbar diskogram was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, diskography, the imaging modality at issue, is deemed "not recommended." Here, the information on file did not furnish any clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The December 12, 2014 progress note on which the article in question was requested was not, however, incorporated into the Independent Medical Review packet. The information which was/is on file, furthermore, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, screening for risk addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 M. Decision based on Non-MTUS Citation Chronic Pain, UDT topic

Decision rationale: 2. Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the Request for Authorization for testing, should eschew confirmatory testing outside the Emergency Department Drug Overdose context, should clearly identify when an applicant was last tested, and should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. Here, the applicant's complete medication list was not attached. The December 12, 2014 progress note on which the article in question was proposed was not incorporated into the Independent Medical Review packet. The date the applicant was last tested was unknown and/or not provided. Therefore, the request was not medically necessary.