

Case Number:	CM15-0024638		
Date Assigned:	02/17/2015	Date of Injury:	04/29/2011
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 54 year old male, who sustained a work related injury on 4/29/11. The diagnoses have included low back pain, status post left knee surgery and osteoarthritis in right knee. Treatments to date have included MRI left knee, left knee surgery, oral medications, physical therapy, use of a cane, TENS unit therapy, pain creams, acupuncture, . In the PR-2 dated 10/31/14, the injured worker complains of low back pain and has pain that radiates to buttocks. He rates this pain an 8-9/10. He complains of bilateral knee pain which is worse on the right. He rates the pain a 9/10 in right knee and a 5/10 in the left. He has decreased range of motion in both knees. He states medications and creams help with the pain. He uses a cane to walk. On 1/23/15, Utilization Review non-certified requests for a urine toxicology test and bilateral standing x-rays of the knees and 5 view x-ray of the lumbar spine. The California MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, page(s) 77-78; 94..

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Toxicology Test is not medically necessary.

Bilateral standing x-rays of the knees and 5 view x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 341, 342, 343 & 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to MTUS guidelines, x ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. There is no red flags pointing toward one of the above diagnosis or a serious spine pathology. The patient developed a back injury without any documentation of focal neurological examination. Therefore the request for Bilateral standing x-rays of the knees and 5 view x-ray of the lumbar spine is not medically necessary.