

Case Number:	CM15-0211702		
Date Assigned:	10/30/2015	Date of Injury:	03/01/2013
Decision Date:	12/14/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/27/2015

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 61-year-old male who sustained an industrial injury on 3-1-2013 and has been treated for discogenic low back pain, as well as thoracic disc protrusion, carpal tunnel syndrome, rib sprain and abdominal pain. Diagnostic tests are not provided. On 9-2-2015, the injured worker reported low back pain, bilateral, but worse on the left radiating down his left leg. He characterized the pain as throbbing, aching, stabbing, and sharp. Pain was rated as 9 out of 10 and included some numbness and tingling in the left lower extremity. Objective findings include antalgic gait, bilateral positive seated and supine straight leg raising, paraspinal tenderness on the right over L2-L5 with palpation, myofascial point tenderness on the right paraspinal region, and lumbar spine flexion and lateral bending were noted to be restricted compared to the stated "normal" and all range of motion was painful. Documented treatment includes use of a cane, home exercise, and medication including Norco and transdermal analgesics. The physician is considering future epidural injections and acupuncture. The injured worker had a spine consultation with another physician who requested an updated MRI of the lumbar back, which is stated in the note to be outdated. The treating physician's plan of care includes a request submitted 9-2-2015 for an MRI of the lumbar spine, and a urinalysis, which were both denied on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): 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 claimant had chronic radicular symptoms with no acute changes and has had epidural injections in the past year. The claimant had undergone prior fusion surgery. The request for an "updated" MRI of the lumbar spine is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

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 is 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.