

<b>Case Number:</b>	CM15-0048554		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 49 year old female, who sustained an industrial injury on April 29, 2009. She reported low back pain. The injured worker was diagnosed as having lumbar spondylosis, failed back syndrome lumbar and trochanteric bursitis. Treatment to date has included diagnostic studies, injection, surgery, physical therapy and medication. On March 22, 2015, the injured worker complained of low back pain radiating to the left hip and leg. The pain was rated as an 8 on a 0-10 pain scale. The pain is described as aching, constant, shooting and severe. Activities, weather changes, stress and fatigue increase the pain. Heat, massage, sleep and rest help to relieve the pain. The treatment plan included medications, lumbar medial branch block at L3-L5, possible radiofrequency ablation, possible injection to the left sacroiliac joints and diagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Panel Urine Drug Testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs. There was no suggestion the worker was actively prescribed any restricted medications. There also was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a six panel urine drug screening is not medically necessary.

**SPECT Bone Scan with F18 Lumbar Spine and Pelvis:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Weissman BN, et al. Imaging techniques for evaluation of the painful joint. Topic 6921, version 8.0. UpToDate, accessed 04/27/2015. Staiger TO, et al. Diagnostic testing for low back pain. Topic 7783, version 35.0. UpToDate, accessed 04/27/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. This request is for a nuclear imaging study that looks at the bones. While the research is still on-going, this study may be helpful in showing certain types of cancer that has spread to the bones. There is very limited research to suggest it may also be helpful in certain types of back and joint pains, but it is still considered to be investigational. The submitted and reviewed documentation suggested the worker was experiencing lower back pain that went into the legs. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a PET F18 bone scan with SPECT for the lumbar spine region and pelvis is not medically necessary.

**CT Scan of Lumbar and Pelvis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

**Decision rationale:** The ACOEM Guidelines recommend the use of CT or MRI when cauda equina syndrome, tumor, infection, or lower back fracture is strongly suspected but x-rays do not show the reason for the abnormal findings. MRI is preferred in general, especially if there is a history of prior back surgery. The submitted and reviewed documentation indicated the worker

was experiencing lower back pain that went into the legs. There was no discussion detailing how this study was needed for the worker's care or detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for CT scan of the lumbar spine and pelvic regions is not medically necessary.