

Case Number:	CM15-0056728		
Date Assigned:	04/01/2015	Date of Injury:	03/19/2013
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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, New York, 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 56-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 19, 2013. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of bilateral upper extremities, MRI imaging of the lumbar MRI spine, and urine drug testing. The claims administrator referenced a RFA form dated February 18, 2015 in its determination. Naprosyn, x-rays, of the lumbar spine, and follow-up visits were, it is incidentally noted, approved. A progress note of February 17, 2015 was also alluded to in the determination. A variety of the MTUS and non-MTUS Guidelines were invoked. In said RFA form February 18, 2015, urine drug testing, follow-up office visits, electrodiagnostic testing of bilateral upper extremities, MRI imaging of the lumbar spine, and x-rays of the lumbar spine were proposed, along with topical compounded medications, dietary supplements, tramadol, and Naprosyn. In an associated progress note dated February 17, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. Hypertension was listed amongst the list of the diagnoses. The note was very difficult to follow and not altogether legible. Electrodiagnostic testing of the bilateral upper extremities was endorsed via preprinted checkboxes, with no clear statement of what was suspected or what was sought. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place, although this was not explicitly stated. Drug testing of January 6, 2015 was reviewed and did include confirmatory and quantitative testing on multiple different medications, including approximately 10 to 15 different opiate metabolites. Earlier

lumbar MRI imaging of December 5, 2013 was notable for multilevel degenerative changes, neural foraminal narrowing and disc dissection of uncertain clinical significance. Electrodiagnostic testing of the bilateral upper extremities of December 10, 2014 was notable for chronic cervical radiculopathy, left greater right. Clinical correlation was advised.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

Decision rationale: No, the request for electrodiagnostic testing of bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. The request in question was seemingly initiated on February 17, 2015, i.e., some two months after the applicant had apparently had earlier electrodiagnostic testing of December 10, 2014. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is, "recommended" to help clarify diagnosis of nerve root dysfunction in cases of suspected disc herniation preoperatively for planned epidural steroid injection, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's handwritten progress note of February 17, 2015 was difficult to follow, not entirely legible, employed preprinted checkboxes, and furnished little-to-no narrative rationale or commentary, which would support the request at hand. There was no mention of the applicant's having issues with neck pain or upper extremity paresthesias evident on this date, it was further noted. The MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272, further notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of the applicants without symptoms is deemed, "not recommended." Here, as noted previously, there were no symptoms of neck pain and/or upper extremity paresthesias evident on or around the date of the request, February 7, 2015. The applicant was seemingly asymptomatic as of the date of the request. Therefore, the request was not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

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

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines

in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases, in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine on or around the date of the request, February 17, 2015. Said progress note, as noted previously, was sparse, thinly developed, handwritten, not altogether legible, did not set forth, a clear or compelling rationale for the request. Therefore, the request was not medically necessary.

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ##### ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: Finally, the request for urine toxicology testing (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support 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, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practice of the United States Department of Transportation when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. The attending provider did go on to perform nonstandard, confirmatory testing on multiple different opioid metabolites, despite the unfavorable ODG position on such testing. Since several ODG criteria for pursuit of the drug testing were not met, the request was not medically necessary.