

Case Number:	CM15-0056796		
Date Assigned:	04/01/2015	Date of Injury:	04/23/2012
Decision Date:	05/04/2015	UR Denial Date:	03/24/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old female, who sustained an industrial injury on 4/23/12. She reported low back and left leg injury. The injured worker was diagnosed as having lumbar radiculitis, lumbar disc herniation, degenerative disc disease, low back pain and lumbar spine scoliosis. Treatment to date has included epidural steroid injection, TENS unit, physical therapy, home exercise program and oral medications including opioids. Currently, the injured worker complains of low back pain with radiation to buttocks, worse since previous visit. The injured worker states her pain is improved with rest, injections and medications. Upon physical exam, reduced range of motion of lumbar is noted due to pain with tenderness over the paraspinals and increased pain with flexion and extension. The treatment plan consists of request for authorization for a lumbar back brace, continuation of medications and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with back pain. The request is for BACK BRACE FOR LUMBAR SPINE. RFA not provided. Patient's diagnosis on 03/04/15 included lumbar radiculitis-bilateral S1 radiculitis, lumbar disc herniation L5-S1 2.5 central protrusion, lumbar degenerative disc disease, low back pain, and lumbar spine scoliosis. Treatment to date included lumbar ESI 12/16/14 with 50% relief, home exercise program, TENS, heat and ice, and oral medications. Patient's medications include Naproxen, Norco, Robitussin, Albuterol, and Tretinoin. The patient is permanent and stationary, per treater report dated 03/04/15. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per progress report dated 03/04/15, treater states "we do feel she would benefit from a back brace to help with added support during flare ups of pain and times when she needs to sit in the car for prolonged periods of time." Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.

Urine Toxicology (retrospective 03/04/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine Drug Testing.

Decision rationale: Based on the 03/04/15 progress report provided by treating physician, the patient presents with back pain. The request is for URINE TOXICOLOGY (RETROSPECTIVE 3/4/15). RFA not provided. Patient's diagnosis on 03/04/15 included lumbar radiculitis-bilateral

S1 radiculitis, lumbar disc herniation L5-S1 2.5 central protrusion, lumbar degenerative disc disease, low back pain, and lumbar spine scoliosis. Treatment to date included lumbar ESI 12/16/14 with 50% relief, home exercise program, TENS, heat and ice, and oral medications. Patient's medications include Naproxen, Norco, Robitussin, Albuterol, and Tretinoin. The patient is permanent and stationary, per treater report dated 03/04/15. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. UDS's dated 10/21/14, 11/18/14, 02/03/15, and 03/04/15 were provided. Per progress report dated 03/04/15, treater states the patient "did an opioid risk screening to monitor for opioid abuse. She scored a 3. She is low risk for opioid abuse. We will continue to monitor." MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. The request for UDS on 03/04/15 appears excessive, given the patient has been reported low risk. Therefore, the retrospective request IS NOT medically necessary.