

Case Number:	CM15-0060116		
Date Assigned:	04/06/2015	Date of Injury:	10/27/2014
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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, Pain Management

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 40 year old male who sustained an industrial injury on 10/27/2014. Diagnoses include lumbar spine/strain, and lumbar spine radiculopathy. Treatment to date has included diagnostic studies, medications, lumbar support, physical therapy, home exercise program, and one injection. A physician progress note dated 02/19/2015 documents the injured worker has low back pain rated a 4 out of 10 on the pain scale. The pain is intermittent and is non radiating pain, it is associated with numbness, throbbing and aching sensation in his lumbar spine, and he has limited range of motion with stooping and bending. Treatment requested is for Complete Blood Count (CBC), C-reactive protein (CRP), creatine phosphokinase (CPK), Chem 8, hepatic/arthritis panel, Electromyography (EMG)/Nerve conduction velocity (NCV) bilateral lower extremity and Urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77, 80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient was taking no medications of potential abuse and there was no documented plan to prescribe such medication or another clear rationale for drug testing. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

Complete Blood Count (CBC), C-reactive protein (CRP), creatine phosphokinase (CPK), Chem 8, hepatic/arthritis panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/9451188>; <http://www.ncbi.nlm.nih.gov/pubmed/10852144>; <http://www.ncbi.nlm.nih.gov/pubmed/17877261>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/cbc/tab/test>, <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

Decision rationale: Regarding the request for lab work, California MTUS does not address the issue. There is support for periodic testing for patients utilizing chronic medications in order to evaluate for damage to organs such as the kidneys and liver. Within the documentation available for review, provider was not prescribing any medications to the patient and there was no documented plan to do so. There was no clinical evidence suggestive of any inflammatory, metabolic, or other disorder for which such testing would be appropriate and there was no other clear rationale presented for the testing. In the absence of clarity regarding the above issues, the currently requested lab work is not medically necessary.

Electromyography (EMG)/Nerve conduction velocity (NCV) bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 01/30/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, CA MTUS and ACOEM cite that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no specific physical examination findings suggestive of radiculopathy and/or peripheral neuropathy. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.