

Case Number:	CM15-0060765		
Date Assigned:	04/07/2015	Date of Injury:	08/21/2012
Decision Date:	05/22/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 21, 2012. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve a request for urine drug testing and lumbar MRI imaging. The claims administrator referenced non-MTUS ODG Guidelines exclusively in its determination. A January 25, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On September 3, 2014, the applicant reported ongoing complaints of low back pain, exacerbated by sitting, standing, walking, bending, and reaching. Weakness and numbness were reported. 9/10 pain complaints were noted. The applicant was severely obese, at 6 feet 5 inches tall and weighing 410 pounds. The applicant exhibited diagnoses of lumbar myalgias, lumbar myospasm, and lumbar strain. X-rays of the lumbar spine, lumbar MRI imaging, and a bariatric surgery consultation were suggested. On March 17, 2015, the applicant was again described as being 6 feet 5 inches tall and weighing 400 pounds. Ongoing complaints of right-sided low back pain, 9/10, were reported. The applicant had electrodiagnostic evidence of radiculopathy, it was acknowledged. Lumbar MRI imaging of 2012 was notable for an old compression fracture and neuroforaminal narrowing. An updated lumbar MRI, Norco, Motrin, and topical compounds were endorsed. The applicant's work status was not furnished. There was no mention of how (or if) lumbar MRI would influence or alter the treatment. On January 25, 2015, urine drug testing, Norco, Motrin, tizanidine, and lumbar MRI imaging were sought. The attending provider stated that he was seeking updated lumbar MRI imaging on the grounds that the applicant had not had MRI

imaging in two years and that the applicant had progressively worsened over time. Medial branch blocks were also sought. The applicant was 6 feet 5 inches tall and weighed 425 pounds, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Urine drug testing.

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: No, the proposed urine drug test was 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 of testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) while performing drug testing, and attempt to categorize applicants in the higher- or lower- risk categories for whom more or less frequent drug testing would be indicated. Here, however, no attempt was made to categorize the applicant in the higher- or lower- risk categories. It was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory testing nor signal his intention to conform to the best practices of the United States Department of Transportation when performing the testing in question. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-low back.

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

Decision rationale: Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/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 on lumbar spine based on the outcome of the study. It appeared, based on the documentation provided, that the attending provider was intent on performing lumbar MRI imaging for academic evaluation purposes, to determine the extent of structural changes about the lumbar spine. It did not appear that the applicant was actively considering or contemplating any kind of surgical intervention of the lumbar spine based on the outcome of the study. The applicant's severe obesity with a weight of greater than 400 pounds, it was further noted, would make it unlikely that the applicant would be an appropriate candidate for lumbar MRI imaging regardless of the outcome of the study. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would consider lumbar spine surgery based on the outcome of the study in question. Therefore, the request was not medically necessary.