

Case Number:	CM15-0080823		
Date Assigned:	05/01/2015	Date of Injury:	12/20/2010
Decision Date:	06/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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, Illinois

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 injured worker is a 49 year old female, who sustained an industrial injury on 12/20/2010. She reported falling down the stairs, injuring the lower back. Diagnoses have included lumbar spine strain with left radiculopathy, severe L4-L5 stenosis, facet osteoarthritis and right radiculitis. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 1/22/2015, the injured worker complained of lumbar spine pain rated 8/10. The pain was described as achy and constant with spasm. Medications provided some relief. Trigger points were found in the low back. The injured worker underwent trigger point injections. Current medications included Norco. Authorization was requested for a retrospective Marlido kit date of service 1/22/2015 and retrospective labs: on-site confirmatory analysis using high complexity laboratory test protocols date of service 1/2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Marlido kit (DOS 01/22/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The injured worker sustained a work related injury on 12/20/2010. The medical records provided indicate the diagnosis of lumbar spine strain with left radiculopathy, severe L4-L5 stenosis, facet osteoarthritis and right radiculitis. Treatment to date has included physical therapy, acupuncture and medication. The medical records provided for review do not indicate a medical necessity for Retrospective Marlido kit (DOS 01/22/15). The medical records indicate this was a local anesthetic used for trigger point injection of the lumbar spine; the lower extremities nerve studies revealed presence of radiculopathy. The medical records reviewed do not indicate the injured worker had a twitch response, The MTUS criteria for trigger point injection include: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; radiculopathy is not present (by exam, imaging, or neuro-testing). The request is not medically necessary.

Retrospective Labs: On-site confirmatory analysis using high complexity laboratory test protocols (DOS 1/2/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug screening Page(s): 76-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 12/20/2010. The medical records provided indicate the diagnosis of lumbar spine strain with left radiculopathy, severe L4-L5 stenosis, facet osteoarthritis and right radiculitis. Treatment to date has included physical therapy, acupuncture and medication. The medical records provided for review do indicate a medical necessity for Retrospective Labs: On-site confirmatory analysis using high complexity laboratory test protocols (DOS 1/2/15). The records indicate the urine drug screen revealed presence of hydromorphone and oxymorphone, metabolic products of hydrocodone and oxycodone respectively. Neither of these two controlled substances nor their metabolites had been prescribed substances that were not prescribed. The MTUS is silent on confirmatory testing, but the Official Disability Guidelines recommends as follows, "If a urine drug test is positive for a non-prescribed scheduled drug or illicit drug, lab confirmation is strongly recommended." The request is medically necessary.