

Case Number:	CM15-0082667		
Date Assigned:	05/05/2015	Date of Injury:	07/27/2001
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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: Emergency 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:

This 56 year old female sustained an industrial injury on 7/27/01. She subsequently reported low back /buttock pain. Diagnoses include closed fracture of dorsal (thoracic) vertebra without spinal cord injury. Treatments to date include x-ray and MRI testing, physical therapy, chiropractic care and prescription pain medications. The injured worker continues to experience thoracic spine pain. Upon examination, the injured worker walks with a normal gait and has a normal heel-toe swing-through gait with no evidence of limp, there is palpable tenderness over the mid thoracic spine. A request for Magnetic resonance imaging (MRI) with STIR image of thoracic spine and urine drug screen was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) with STIR image of thoracic 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) ,neck and upper back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

Decision rationale: The requested Magnetic resonance imaging (MRI) with STIR image of thoracic spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 177-178 and 182, note the criteria for ordering imaging studies are: "Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure; and MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." The injured worker has thoracic spine pain. Upon examination, the injured worker walks with a normal gait and has a normal heel-toe swing through gait with no evidence of limp, there is palpable tenderness over the mid thoracic spine. The treating physician has not documented: the emergence of a red flag condition; physiologic evidence of neurologic dysfunction; indication of an impending surgical intervention. The criteria noted above not having been met, Magnetic resonance imaging (MRI) with STIR image of thoracic spine is not medically necessary.

Urine drug screen: 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 rationale: The requested Urine drug screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing," recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has thoracic spine pain. Upon examination, the injured worker walks with a normal gait and has a normal heel-toe swing through gait with no evidence of limp, there is palpable tenderness over the mid thoracic spine. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug screen is not medically necessary.