

Case Number:	CM15-0085749		
Date Assigned:	05/08/2015	Date of Injury:	10/04/2000
Decision Date:	06/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

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 50-year-old male, with a reported date of injury of 10/04/2000. The diagnoses include failed back surgery syndrome, status post four previous lumbar surgeries, chronic low back pain and bilateral lower extremity radicular pain, status post implantation of spinal cord stimulator system and rechargeable internal pulse generator, malfunctioning of the left lead of the spinal cord stimulator system, displacement of lumbar intervertebral disc without myelopathy, myalgia and myositis, unspecified, lumbar spondylosis with myelopathy, and thoracic or lumbosacral neuritis or radiculitis. Treatments to date have included x-rays of the lumbar spine, x-rays of the thoracic spine, removal of spinal cord stimulator leads and implantation of new spinal cord stimulator on 03/06/2015, and oral medications. The pain management follow-up progress report dated 03/10/2015 indicates that the injured worker had chronic low back pain and bilateral lower extremity pain. He had a complete replacement of the spinal cord stimulator four days prior. The wounds were healing well, and the three wounds were dry and without evidence of infection. The injured worker participated in a preliminary urine drug screening on the day of the visit, and had signed a Pain Management Agreement with the practice. The treating physician requested a urine drug screen as part of the pain management agreement and office policy, one re-evaluation at 90 intervals, and one maximum improvement evaluation with respect to Pain Management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000. Treatments have included multiple lumbar spine surgeries and a spinal cord stimulator for failed back surgery syndrome. When seen, the spinal cord stimulator had been replaced four days before. He was having significant postoperative incisional pain. Medications included opioids both being prescribed chronically and a prescription for postoperative pain was provided. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the requesting provider does not appear to have performed prior urine drug screening and the claimant's opioid medications were being adjusted. Therefore the request was medically necessary.

Re-evaluation visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 79.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000. Treatments have included multiple lumbar spine surgeries and a spinal cord stimulator for failed back surgery syndrome. When seen, the spinal cord stimulator had been replaced four days before. He was having significant postoperative incisional pain. Medications included opioids both being prescribed chronically and a prescription for postoperative pain was provided. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. Therefore, requesting authorization for a follow-up visit was medically necessary.

Maximum medical improvement evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000. Treatments have included multiple lumbar spine surgeries and a spinal cord stimulator for failed back surgery syndrome. When seen, the spinal cord stimulator had been replaced four days before. He was having significant postoperative incisional pain. Medications included opioids both being prescribed chronically and a prescription for postoperative pain was provided. A capacity evaluation is an option for select patients with chronic pain. In this case, the claimant had undergone replacement of his spinal cord stimulator four days before. He was not at maximum medical improvement and it would be impossible to predict when this would occur. Requesting authorization for an evaluation to determine the claimant's capacity when it was requested was not medically necessary.