

Case Number:	CM15-0235950		
Date Assigned:	12/11/2015	Date of Injury:	02/26/2014
Decision Date:	01/21/2016	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	12/02/2015

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: New York, West Virginia, Pennsylvania
 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:

The injured worker is a 47 year old male who sustained an industrial injury on 02-26-2014. Medical records indicated the worker was treated for lumbar sprain, lumbar radiculitis, and lumbar disc bulges. In the provider notes of 10-07-2015, the worker complained of excruciating pain in the right knee, and constant moderate to severe low back pain with radiation down the lower extremities. On exam, the worker had an antalgic gait, walked with assistance of a cane, was unable to heel and toe walk, and had tenderness or spasm in the bilateral L1 to sacrum region. Lumbar range of motion was within normal limits. Straight leg raise test is positive on the left side at 25 degrees from sitting position and 45 degrees on the right. There was decreased sensation on the left below the knee. Knee and ankle reflexes were decreased but bilateral. The worker is taking Oxycodone 20 mg IR every 8 hours as needed for pain, and Valium 5 mg at bedtime for muscle relaxation. He has taken both medications since at least 06-03-2015. With medication his pain level decreases to a 5, and without medication he rates his pain as an 8. A request for authorization was submitted for: One orthopedic/spine surgeon consultation, and One urine drug screen. No record of urine drug screen results is found. Images of the lumbar spine and abdominal and pelvic CT (02-24-2014) revealed mild to moderate lumbar spine degenerative changes with no acute lumbar spine osseous pathology. A utilization review decision 11-03-2015 non-certified both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

One orthopedic/spine surgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Surgical consultation is indicated if there are severe and disabling symptoms in a distribution consistent with abnormalities on imaging studies. In this case, there is no documentation of physical findings that corroborate imaging studies. The request for surgical orthopedic consultation is not medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did not indicate use of an opioid medication that would necessitate drug screening. The request for a 6-panel urine drug test is not medically necessary and appropriate.