MAXIMUS Federal Services

Case Number:	CM14-0143950		
Date Assigned:	09/12/2014	Date of Injury:	07/01/2008
Decision Date:	10/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury of unknown mechanism on 07/01/2008. On 08/01/2014, her diagnoses included status post multiple paraspinal operations; residual lower extremity pain and weakness with intermittent "giving way" episodes; bilateral knee ecchymosis and abrasions; left elbow ecchymosis and abrasions; persistent epigastric pain, rule out peptic ulcer; and anxiety, depression, and generalized distress. On 06/08/2014, she had a urine drug screen which showed no inconsistencies with her prescribed medications. On 08/19/2014, her medications included Motrin 800 mg, Prilosec 20 mg, Robaxin 750 mg, Norco 10/325 mg, and topical compounded creams. On 07/22/2014, due to her epigastric distress, the Robaxin was discontinued and she was restarted on a previous prescription for Soma 350 mg. On 08/19/2014, a urine drug screen showed inconsistencies for Hydrocodone and Carisoprodol but those medications were prescribed. In an office visit on 08/19/2014, two x-rays of the lumbar spine were taken which revealed excellent position of the hardware and bone grafts at L4-S1. There was a grade 1 retrolisthesis of T12 on L1 noted. There was severe disc collapse with moderate to moderately severe spondylosis noted at T12-L1. There were no fractures or dislocations noted. There was no rationale given for the x-rays. A Request for Authorization for the urine drug screen only dated 08/19/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine Toxicology Screen, DOS 08/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, updated 01/20/2012, Urine Drug Test

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids Page(s): 74-95..

Decision rationale: The request for retrospective request for urine toxicology screen, dos 08/19/2014 is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that this injured worker had any aberrant drug related behaviors. Therefore, this request for retrospective request for urine toxicology screen, dos 08/19/2014 is not medically necessary.

Retrospective request for X-ray of the lumbar spine, DOS 08/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for retrospective request for X-ray of the lumbar spine, dos 08/19/2014 is not medically necessary. Per the California ACOEM Guidelines, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. There was no documentation submitted that this injured worker had any red flags for her low back pain. The clinical information submitted failed to meet the evidence based guidelines for lumbar x-rays. Therefore, this request for retrospective request for x-rays of the lumbar spine, dos 08/19/2014 is not medically necessary.