

Case Number:	CM14-0160134		
Date Assigned:	10/03/2014	Date of Injury:	07/03/2012
Decision Date:	11/03/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine 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 patient is a 47 year old male who was injured on 7/3/2012. The mechanism of injury is unknown. His medication history included Oxycodone, Motrin, Lidoderm patches, and Norco. The patient underwent lumbar surgery on 8/19/13. Diagnostic studies reviewed included an x-ray of the lumbar spine revealed degenerative disease. Progress report dated 4/15/2014 indicates the patient presented regarding his lumbar spine. He had a substantial increase in pain and was experiencing 7/10 pain. It is all lumbar spine pain and denied lower extremity leg pain. He has been taking Norco for his increasing pain as well as occasional Oxycodone at night. On examination, the patient does have pain to palpation of the lumbar paraspinals muscles and pain with flexion and extension. The patient had pain with most ranges of motion. The patient was diagnosed with L5-S1 discopathy, disc herniation syndrome and status post lumbar surgery. The patient was recommended for an MRI scan of the lumbar spine with contrast and a urinalysis drug screen. Prior utilization review dated 09/16/2014 indicated the request for MRI Scan of the lumbar spine with contrast; and urinalysis drug screen are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of the Lumbar Spine with Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostics and treatment considerations Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI Lumbar Spine

Decision rationale: The guidelines generally do not recommend repeat MRI of the lumbar spine. The guidelines state that MRI of the lumbar spine may be indicated after a trial of conservative treatment, when red flag symptoms are present, or for progressive neurological symptoms. The clinical notes provided did not identify a clear indication for MRI of the lumbar spine. The patient has had increased pain; however he has recently had a significant increase in his activity level with the return to work. It is not clear how MRI would alter management of the patient at this time. It is not clear what conservative treatment the patient has undertaken and if there has been any benefit. There were minimal objective findings in the clinical documents provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of MRI Scan of the Lumbar Spine with Contrast is not medically necessary and appropriate.

Urinalysis Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen.

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the patient's history of aberrant behavior or risk for substance abuse. From the documents provided, the patient has had a urine drug screening within the past year and the patient is not identified to be at increased risk for abuse. It is unclear why a UDS is being ordered at this time. Based on the guidelines and criteria as well as the clinical documentation stated above, the request of Urinalysis Drug Screen is not medically necessary and appropriate.