

Case Number:	CM14-0093417		
Date Assigned:	09/19/2014	Date of Injury:	02/07/2005
Decision Date:	10/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 2/7/05 date of injury. At the time (5/9/14) of request for authorization for Retro: Urinary Drug Screen DOS 5/09/14 and MRI Lumbar, there is documentation of subjective (right upper extremity pain, low back pain, and buttock pain radiating to the right lower extremity) and objective (decreased lumbar spine range of motion and decreased cervical spine range of motion) findings, imaging findings (reported MRI lumbar spine (9/18/07) revealed solid L3-4, no fusion of L4-5, mild spondylosis of L5-S1, and L5 lateral screw penetration; report not available for review), current diagnoses (status post lumbar fusion, lumbar spine strain, and rule out L5-S1 transitional syndrome), and treatment to date (medications (including ongoing treatment with opioids)). Medical report identifies a request for MRI lumbar spine to assess L5-S1. Regarding Retro: Urinary Drug Screen DOS 5/09/14, there is no documentation of abuse, addiction, or poor pain control. Regarding MRI Lumbar, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Urinary Drug Screen DOS 5/09/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines Urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines On-Going Management, Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion, lumbar spine strain, and rule out L5-S1 transitional syndrome. However, despite documentation of patient under on-going opioid treatment, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retro: Urinary Drug Screen DOS 5/09/14 is not medically necessary

MRI Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Low Back, page(s) 303-304 Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of status post lumbar fusion, lumbar spine strain, and rule out L5-S1 transitional syndrome. However, despite documentation of a request for MRI lumbar spine to assess L5-S1, and given documentation of a 9/18/07 MRI lumbar spine, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging

is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI Lumbar is not medically necessary.