

Case Number:	CM14-0096847		
Date Assigned:	07/28/2014	Date of Injury:	08/19/2013
Decision Date:	09/19/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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, 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:

This is a male patient with a date of injury of August 19, 2013. A utilization review determination dated June 13, 2014 recommend non-certification for an outpatient follow-up visit for medication and urine drug screen, MRI of the lumbar spine, outpatient physical therapy for two times per week for four weeks for the cervical spine, and an outpatient orthopedic evaluation for the lumbar spine. A progress note dated May 8, 2014 identifies subjective complaints of constant severe dull, achy, sharp low back pain, stiffness and weakness, aggravated by lifting 10 pounds, sitting, standing, walking, bending, pain severity is 7/10 today. The patient complains of intermittent to frequent and moderate dull, achy, sharp left inguinal hernia pain associated with standing, sitting, walking, and bending. The pain is increased with coughing; the patient had surgery for the left inguinal hernia and has pain in the left testicle region with swelling. The patient complains of lots of sleep due to pain, he averages about four hours of sleep daily. The patient suffers from depression, anxiety, and irritability. Physical examination identifies trigger point of paraspinals present at the lumbar spine, range of motion is decreased and painful of the lumbar spine, there is tenderness with palpation of the lumbar paravertebral muscles, there is muscle spasm of the lumbar paravertebral muscles, positive Kemp's sign, positive straight leg raise bilaterally, left inguinal region tenderness to palpation, mild diffuse swelling of the left inguinal region, and there are psychological complaints. Diagnoses include lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, lumbar stenosis, sacroiliac strain, left inguinal hernia, trace bilateral hydrocele, status post left hernia repair, disruption of 24 sleep wake cycle, insomnia with sleep apnea, loss of sleep, sleep disturbance, anxiety, depression, irritability, nervousness, elevated blood pressure, and hypertension. The treatment plan recommends an MRI of the lumbar spine, refer to an MD for medication, physical therapy one time per week for four weeks to increase range of motion, increase activities of daily

living and decreased pain, reschedule cardiology consult, awaiting cardiorespiratory report for review, follow-up regarding left testicle pain, and a urology consult due to left testicle pain. A progress note dated June 5, 2014 identifies relatively unchanged subjective complaints. The treatment plan is relatively unchanged since the previous visit however there is a referral for aquatic therapy 12 sessions for the lumbar spine to increase range of motion and ADLs and decrease pain and there is a referral for a podiatry consult/evaluation for custom functional orthotics in order to treat the work-related injury for the lumbar spine. A urine drug screen collected on April 8, 2014 did not detect any medications and there appears to be no medications being prescribed. An MRI of the lumbar spine first performed on April 3, 2014 and identifies anterior spondylosis L1 - L2 to L4 - L5, moderate disc degeneration at L4 - L5, partial sacralization of L5, and broad-based central disc protrusions at L3 - L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient follow-up visit for medication and urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for outpatient follow-up visit for medication and urine drug screen, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the provider does not note that the patient is taking pain medication, and there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. Additionally, there is no statement indicating why an outpatient follow-up visit for medication and urine drug screen is necessary. As such, the currently requested follow-up visit for medication and urine drug screen is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. The patient had an MRI of the lumbar spine on April 3, 2014. As such, the currently requested lumbar MRI is not medically necessary.

Outpatient Physical Therapy two (2) times a week for four (4) weeks to the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for outpatient physical therapy 2 times a week for 4 weeks for the lumbar spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for outpatient physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary.

Outpatient Orthopedic Evaluation for the lumbar:

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for an orthopedic evaluation for the lumbar spine, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no documentation indicating the purpose of an orthopedic evaluation for the lumbar spine, or that the patient has failed conservative treatment. In light of the above issues, the currently requested referral for an orthopedic evaluation for the lumbar spine is not medically necessary.