

Case Number:	CM14-0206580		
Date Assigned:	12/18/2014	Date of Injury:	12/14/2013
Decision Date:	02/10/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 who sustained a work-related injury on December 14, 2013. Subsequently, the patient developed a chronic back pain. The patient was treated with pain medication and epidural steroid injection of the lumbar spine performed on February 14, 2014 According to a progress report dated on October 7, 2014, the patient was complaining of severe back pain radiating to the right lower extremity. The patient physical examination demonstrated lumbar tenderness to reduce the range of motion . An x-ray of the lumbar spine performed on February 6, 2014 demonstrated mild scoliosis with normal motion. The provider requested authorization for another x-ray of lumbar spine and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to MTUS guidelines, X-ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. There are no red flags pointing toward one of the above diagnosis or serious spine pathology. The patient developed a back injury without any documentation of focal neurological examination. There is no evidence of clinical changes compared to last X-ray that justify another one. Therefore, the request of X-ray of the lumbar spine is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse / addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the patient's medical records did not document any history of drug misuse or abuse. Therefore, the request for urine drug screen is not medically necessary.