

<b>Case Number:</b>	CM14-0211302		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	02/21/2009
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old male patient who sustained a work related injury on 2/21/2009 The exact mechanism of injury was not specified in the records provided. The current diagnoses include major depressive disorder, panic disorder, chronic back, right knee and right foot pain. Per the doctor's note dated 11/14/14, patient was crying sometimes, mood at 5/10 and normal mental status examination. Per the doctor's note dated 10/13/14 patient had complaints of low back pain with numbness and tingling in the right leg and foot at 7-10/10. Physical examination of the low back revealed tenderness on palpation, limited range of motion, positive SLR, antalgic gait, decreased strength and sensation in lower extremity. The current medication lists include Paxil, Dilaudid, Gabapentin, Topamax, Prilosec Norco, Soma and OxyContin, Lyrica, Trazodone, Senna, Lorazepam The patient has had MRI of the lumbar spine; Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include lumbar fusion in 2011 and several spinal surgeries last in April 2012, left knee surgeries and right shoulder surgery. He had received lumbar ESI for this injury. Any operative/ or procedure note was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The patient has used heat therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82 and 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2013 (Pain)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is. "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco, Oxycontin, Dilaudid, and Lorazepam. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urine Drug Screen is medically appropriate and necessary in this patient.

**Updated MRI with and without contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 8th edition, 2013 on Lumbar MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Workers' Comp, online Edition Chapter: Low Back (updated 11/21/14) MRIs (magnetic resonance imaging).

**Decision rationale:** Per the ACOEM low back guidelines cited below "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does

not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had an MRI of the lumbar spine. Any diagnostic imaging report was not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT and aquatic visits for this injury till date. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided a plan for an invasive procedure of the lumbar spine was not specified in the records provided a recent lumbar spine X-ray report is not specified in the records provided. The rationale for requesting IV contrast with the MRI request was not specified in the records provided. The medical necessity of the Updated MRI with and without contrast is not fully established for this patient.