

Case Number:	CM14-0066888		
Date Assigned:	07/11/2014	Date of Injury:	10/12/2005
Decision Date:	06/23/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 59 year old male, who sustained an industrial injury on 10/12/05. He has reported initial complaints of low back injury working as a truck driver. The diagnoses have included lumbar facet syndrome and post lumbar laminectomy syndrome. Treatment to date has included medications, activity modifications, lumbar surgery, lumbar fusion, left hip surgery, physical therapy, acupuncture, chiropractic, Transcutaneous electrical nerve stimulation (TENS) and aqua therapy. Currently, as per the physician progress note dated 4/15/15, the injured worker reports that the pain level is unchanged since last visit. He reports low back pain that radiates down bilateral lower extremities. There are no new problems and activity level is unchanged. He reports that the medications are working well and overall he feels stable. He reports muscle weakness, poor energy, depression, and shortness of breath. The objective findings reveal that the injured worker appears anxious and ambulates with antalgic gait with assistance of a cane. The lumbar spine reveals restricted range of motion limited by pain, surgical scar, and upon palpation of the paravertebral muscles there is hypertonicity and tight muscle band noted on both sides. Lumbar facet loading is positive on both sides. The light touch sensation is decreased on both sides. The ankle clonus is absent. The current medications included Etodolac, Kadian, Aspirin, and Neurontin. The urine drug screen dated 9/9/14 was consistent with the medications prescribed. The diagnostic testing that was performed included x-rays, computerized axial tomography (CT scan) scan and Magnetic Resonance Imaging (MRI) of the lumbar spine. There are no diagnostic reports included in the records for review. Treatment plan was to consider spinal cord stimulator for pain relief, referral to psychologist, blood work, urine drug screen, medications and return in 4 weeks. The physician requested treatments included One (1) consultation with a Psychologist, One testosterone level test, liver function test and BUN/CR test (date of service 04/15/2014) and 1 Urine drug screen(date of service 04/15/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) consultation with a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Per the available documentation, the injured worker is in need of a consult with a psychologist. However, there was an authorization for consult with a psychologist on 3/15/14. There is no documentation of the results from that visit. It is unclear if the injured worker has seen a psychologist at this point, therefore, medical necessity of this request has not been established. The request for one (1) consultation with a Psychologist is determined to not be medically necessary.

One testosterone level test, liver function test and BUN/CR test (date of service 04/15/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section NSAIDs Specific Drug List & Adverse Effects Section Page(s): 104.

Decision rationale: MTUS Guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) when being treated with NSAIDs. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended as well. The recommendation is for 4-8 weeks after beginning initial treatment with no set guideline after that time, therefore, the request for one testosterone level test, liver function test and BUN/CR test (date of service 04/15/2014) is determined to not be medically necessary.

1 Urine drug screen (date of service 04/15/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, per the last progress in May, 2015, there is no concern of abuse or addiction with the injured worker, however he is being prescribed Kadian which is a medication with significant abuse potential. The request for 1 Urine drug screen (date of service 04/15/2014) is determined to be medically necessary.