

Case Number:	CM15-0009684		
Date Assigned:	01/27/2015	Date of Injury:	08/19/2013
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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: Physical Medicine & Rehabilitation

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 36 year old male, who sustained an industrial injury on August 19, 2013. He has reported left hip pain, lower back pain, and left knee pain. The diagnoses have included left hip labrum tear, radiculitis and radiculopathy of the lumbar spine to the left leg, and left hip pain. Treatment to date has included physical therapy, medications, use of a cane, and left hip arthroscopy. Currently, the injured worker complains of continued lower back pain, left hip pain, and left knee pain. The treating physician is requesting a magnetic resonance imaging of the lumbar spine to determine the pathology of the injured worker's pain, and a urine drug screen to check the efficacy of medications. On January 7, 2015 Utilization Review non-certified the request for the magnetic resonance imaging and urine drug screen noting the lack of documentation to support the medical necessity of the services. The MTUS and ACOEM Guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient was injured on 08/19/13 and presents with lumbar spine pain and radiation of pain into the left leg. The request is for a MRI LUMBAR SPINE WITHOUT CONTRAST. The utilization review denial rationale is that there is no evidence of weeks-month(s) of a recent, reasonable and/or comprehensive non-operative treatment protocol such as therapy, HEP, NSAIDs or injection trial and failure has not been submitted. Evidence of severe or progressive neurologic findings has not been documented. There is no RFA provided and the work status is not provided either. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, an equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter MRI topic states that MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. It does not appear that the patient had a prior MRI of his lumbar spine. The 12/10/14 report states that the patient has marked radiculitis and radiculopathy of the lumbar spine into the left leg. Therefore, we are requesting authorization to obtain an MRI of the lumbar spine to determine the pathology. Treatment to date has included physical therapy, medications, use of a cane, and left hip arthroscopy. Straight leg raising test is consistent with radiculopathy. Given that the patient has not previously had an MRI of the lumbar spine, he continues to have chronic low back pain. The requested MRI of the lumbar spine IS medically necessary.

Urine toxicology screening: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient was injured on 08/19/13 and presents with lumbar spine pain and radiation of pain into the left leg. The request is for a URINE TOXICOLOGY SCREENING. The utilization review denial rationale is that there is no specific documentation that this claimant is taking opioids or other medications that require a UDS. There is no RFA provided and the work status is not provided either. Review of the reports provided does not indicate if the patient has a prior UDS. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening

with the first 6 months for management of chronic opiate use in low risk patients. The 11/05/14 report states that the patient is taking Hydrocodone, Orphenadrine, and Tramadol HCL ER. As of 12/10/14, the patient is taking Hydrocodone, Diclofenac Sodium, Pantoprazole Sodium, and Cyclobenzaprine. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on Hydrocodone and Tramadol HCL ER; monitoring of the opiate with once yearly UDS is recommended per guidelines. Therefore, the requested urine toxicology screening IS medically necessary.