

<b>Case Number:</b>	CM15-0010137		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Pain Management

### 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 48 year old male, who sustained an industrial injury on November 27, 2007, falling on the right side while trimming a branch. He has reported an injury to his back and right knee. The diagnoses have included lumbosacral sprain/strain, status post right knee arthroscopy, low back pain with radicular symptoms to the right lower extremity, and tendinitis of the right knee. Treatment to date has included a right knee arthroscopy, epidural steroid injections, physical therapy, acupuncture, and medications. Currently, the injured worker complains of low back pain radiating down the legs and bilateral lower extremity pain and numbness, reporting the pain interfering with daily activities and sleep. A Pain Management re-evaluation dated December 2, 2014, noted the lumbar spine with paravertebral muscle spasms, tenderness to palpation over the lower lumbar region, tenderness over the bilateral L4-L5 and L5-S1 facet joints, decreased sensations in the right L4, L5, and S1 dermatomes, and positive straight leg raises on the right. The injured worker was noted to have undergone three epidural steroid injections with minimal relief. On December 30, 2014, Utilization Review non-certified urine toxicology, referral to pain management specialist for ongoing pain management, and a spine surgeon for evaluation regarding possible lumbar spine surgery. The UR Physician noted that the provider had not documented a specific item required as policy, and the medical examiner did not recommend that the injured worker be on any opioid medications, therefore the request for urine toxicology was non-certified, citing the Official Disability Guidelines (ODG). The UR Physician noted that the injured worker had been declared permanent and stationary, not a surgical candidate for lumbosacral spine issues, therefore the request for a spine surgeon for

evaluation regarding possible lumbar spine surgery was non-certified, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). The UR Physician noted the pain management specialist reported that the injured worker did not require additional epidural steroid injections, that the injured worker had three injections, and that the provider's request to change to a pain management specialist who was out of network for ongoing pain management was non-certified, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). On January 16, 2015, the injured worker submitted an application for IMR for review of a urine toxicology, referral to pain management specialist for ongoing pain management, and a spine surgeon for evaluation regarding possible lumbar spine surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), 2011, Criteria for urine drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation ODG Pain Chapter, Urine drug testing (UDT)

**Decision rationale:** Regarding the request for a urine drug screen (UDS), 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 nonadherent) 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, there is no documentation that the patient is currently utilizing drugs of potential abuse, the date and results of prior testing, and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine drug screen is not medically necessary.

**Referral to Pain Management Specialist for ongoing Pain Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 9th edition (web) 2011, Low Back Chapter ACOEM Guidelines Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter

**Decision rationale:** Regarding the request for referral to pain management, 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, the patient has recently been following up with pain management and receiving treatment including epidural steroid injections. The current request is apparently to see a different pain management provider, but there is no current documentation from the requesting provider identifying a rationale for the change. In light of the above issues, the currently requested referral to pain management is not medically necessary.

**Spine surgeon for evaluation regarding possible lumbar spine surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition, web, 2011, Low Back Chapter, Evaluation and Management and ACOEM Guidelines, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**Decision rationale:** Regarding the request for spine surgery evaluation, CA MTUS and ACOEM state that referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms. Within the documentation available for review, the patient was apparently deemed not to be a surgical candidate in the past. Currently, there is no documentation from the requesting provider identifying clinical and diagnostic study evidence of a potentially surgical lesion or another clear rationale for the evaluation with a spine surgeon. In light of the above issues, the currently requested spine surgery evaluation is not medically necessary.