

Case Number:	CM15-0011331		
Date Assigned:	01/28/2015	Date of Injury:	03/25/2014
Decision Date:	03/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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:

This 25 year old male was injured 3/25/14 in an industrial accident involving a popping sensation in his lower back while lifting a heavy battery. He currently is experiencing constant low back pain with radiation to the sacral area and bilateral extremities. The intensity of the pain is from 6-9/10. In addition he experiences weakness, burning sensation and spasms with shooting pains into the lower extremities and groin pain. He has difficulty sleeping due to the pain. He has compromised activities of daily living and frequent diarrhea. Medications are Soma, Ultracet and Voltaren. Diagnoses are left-sided lumbar curvature; retrolisthesis at L4-5; rule out stenosis at L5-S1 with radiculitis and radiculopathy to the left and protrusion and extrusion at L5-S1, left more than right with bilateral L5-S1 radiculitis and radiculopathy. Treatments are medications, stretching exercises which help temporarily and physical therapy. He has had an abnormal MRI of the lumbar spine (1/16/15). The treating physician requested computed tomography and MRI of the lumbar spine; physical therapy, Voltaren, Soma, Ultracet because of ongoing pain and a urine drug test because of groin pain which was stemming from low back pain and to comply with prescription drug screening policy. The computed tomography was requested because the physician felt that much of the injured workers pathology was bony and the MRI might not demonstrate all of it. On 12/12/14 Utilization Review non-certified the request for computed tomography of the lumbar spine and unspecified urine drug test citing ACOEM: Low Back Disorders and MTUS: Drug testing respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Computerized Tomography (CT) Scan: 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): 303-308.

Decision rationale: According to the ACOEM criteria for ordering an MRI or CT for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. In this case the patient has neurological deficit in the lower extremities in the form of weakness. According to the physician progress notes dated 1/16/15 the patient is planned for an invasive procedure for pain relief of chronic low back pain. A previously performed MRI showed multiple abnormalities and the provider indicates a need for better definition of anatomy prior to invasive procedure.

Urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: With respect to urine drug screens, the MTUS states that they are recommended but doesn't give a specific frequency. With regards to MTUS criteria for the use of opioids a UDS is recommended when therapeutic trial of opioids is initiated to assess for the use or the presence of illegal drugs. For ongoing management of patients taking opioids actions should include the use of drug screening or inpatient treatment for patients with issues of abuse, addiction or poor pain control. Steps to avoid misuse/addiction of opioid medications include frequent random urine toxicology screens. There is no specific frequency cited. In this case the documentation doesn't support that the patient has misused opioids or that the provider suspects this.