

Case Number:	CM15-0111588		
Date Assigned:	06/18/2015	Date of Injury:	08/12/2013
Decision Date:	07/20/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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:

The injured worker is a 44 year old female, who sustained an industrial injury on 8/12/13. She reported injury to her lower back and buttocks after falling backwards. The injured worker was diagnosed as having lumbosacral sprain, lumbar degenerative disc disease and chronic pain syndrome. Treatment to date has included acupuncture, physical therapy x 12 sessions, a lumbar MRI on 10/29/13 and 1/20/14, a lumbar epidural injection with no relief and lumbar fusion at L4-L5 and L5-S1. Medications have included Norco, Ultram and Naproxen. On 1/26/15, the treating physician noted an inconsistent urine drug screen from the previous visit and requested to repeat the test. As of the PR2 dated 5/18/15, the injured worker reports 7-8/10 pain in the lower back. The treating physician noted that the injured worker is testing positive for medications not prescribed. A pain management physician is also seeing her. The injured worker has not returned to work because she stated, "I'm worse". Objective findings include a negative straight leg raise test, a normal gait and mild lumbar tenderness. The treating physician requested a full panel drug screen, a lumbar MRI and a lumbar CT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Full panel drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the ongoing management of opioids. Clinicians are advised to assess for ongoing signs of aberrant behavior which may include the use of urine drug testing. In this case, the records clearly indicate that the patient has had urine drug tests, which were "positive for multiple medications" which were not prescribed. For patients with active signs of misuse, the MTUS guidelines recommend that these concerns should be addressed immediately with the patient. If there are active signs of relapse to addiction, or new-onset addiction, these patients should be referred to an addictionologist immediately. It has been suggested that most chronic pain problems will not resolve while there is active and ongoing alcohol, illicit drug, or prescription drug abuse. Many physicians will allow one slip from a medication contract without immediate termination of opioids/controlled substances, with the consequences being a re-discussion of the clinic policy on controlled substances, including the consequences of repeat violations. If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion, it has been suggested that a patient show evidence of consultation with a physician trained in addiction treatment for assessment of the situation and possible detoxification. In this case, as described, the patient has had urine drug screens showing the presence of controlled substances that were not prescribed by the treating physician. However, there is insufficient evidence in the record that this was addressed by the treating physician with referral to an addiction medicine specialist. For this reason, a full panel drug screen is not considered as medically necessary.

MRI (magnetic resonance imaging) Lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: MRIs.

Decision rationale: The Official Disability Guidelines comment on the indications for MRI imaging. The indications for MRI imaging of the spine are as follows: Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset- Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient- Myelopathy, oncology patient- Repeat MRI: When there is significant

change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the records indicate that the patient has had an MRI of the lumbar spine on 4/1/2015. There is no evidence in the records that the patient's symptoms have changed or the examination findings have changed since this MRI was completed. As there is no significant change in symptoms or findings suggestive of significant pathology, a repeat MRI of the lumbar spine is not considered as medically necessary.

CT (computed tomography) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation URL [WWW.NCBI.NIH.GOV/PUBMED/3386807].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: CT Imaging.

Decision rationale: The Official Disability Guidelines comment on the use of CT imaging of the lumbar spine. CT imaging is not recommended except for indications listed below. Indications for imaging -- Computed tomography: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the patient has undergone MRI imaging of the lumbar spine on 4/1/2015. There is no documentation in the records to indicate that there has been any significant change in symptoms or physical examination findings from the date of this MRI. The patient's records do not demonstrate that there are any findings in the above cited guidelines that meet the requirements for CT imaging. For these reasons, a CT of the lumbar spine is not considered as medically necessary.