

Case Number:	CM15-0124360		
Date Assigned:	07/09/2015	Date of Injury:	08/08/2014
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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(n) 56-year-old male, who sustained an industrial injury on 8/8/14. He reported pain in his lower back, left-sided neck and left shoulder related to lifting a heavy object. The injured worker was diagnosed as having left shoulder impingement syndrome with rotator cuff tendinopathy and left lumbar radiculopathy. Treatment to date has included Tramadol, Fexmid, Anaprox, chiropractic treatment and physical therapy. There is no documentation of suspected drug abuse or previous urine drug screen results in the case file. As of the PR2 dated 5/21/15, the injured worker reports 7/10 pain in the lower back. Objective findings include decreased lumbar range of motion and a positive straight leg raise test on the left at 35 degrees. The treating physician noted that the injured worker's current LSO no longer fastens due to weight gain. The treating physician requested a lumbar-sacral orthosis and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lumbar-Sacral Orthosis (LOS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/low-back.htm#Lumbarsupports>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 16 Eye Chapter Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic Chapter, under lumbar supports.

Decision rationale: The patient presents with low back pain with left lower extremity symptoms and left shoulder pain rated 8/10. The request is for RETROSPECTIVE LUMBAR-SACRAL ORTHOSIS (LOS). The request for authorization is not provided. Physical examination reveals tenderness of the lumbar spine. Positive straight leg raise left for pain to foot at 35 degrees. Diminished sensation left L5 and S1 dermatomal distributions. Tenderness left shoulder diffusely. Complains of increased myofascial pain component, refractory. Complains of trigger points, refractory. Indicates myofascial pain/trigger points does result in decline in range of motion and marked decline in activity/function. Recall failed myofascial pain with physical therapy, home exercise, activity modification; trigger point injections, ice, NSAIDs. Patient's medication includes Tramadol ER. Per progress report dated 06/13/15, the patient is temporarily very disabled. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back & Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Per progress report dated 06/13/15, treater's reason for the request is "LSO does provide stability and facilitates up to 40% increase in tolerance to standing and walking. Reports maintenance of ADLs." However, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request WAS NOT medically necessary.

Retrospective Urine drug screen (DOS 5/21/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, <http://www.odgptwc.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Drug testing Page(s): 77, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine Drug Testing.

Decision rationale: The patient presents with low back pain with left lower extremity symptoms and left shoulder pain rated 8/10. The request is for RETROSPECTIVE URINE DRUG SCREEN (DOS 5/21/15). The request for authorization is not provided. Physical examination reveals tenderness of the lumbar spine. Positive straight leg raise left for pain to

foot at 35 degrees. Diminished sensation left L5 and S1 dermatomal distributions. Tenderness left shoulder diffusely. Complains of increased myofascial pain component, refractory. Complains of trigger points, refractory. Indicates myofascial pain/trigger point's does result in decline in range of motion and marked decline in activity/function. Recall failed myofascial pain with physical therapy, home exercise, activity modification; trigger point injections, ice, NSAIDs. Patient's medication includes Tramadol ER. Per progress report dated 06/13/15, the patient is temporarily very disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered 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. Per progress report dated 06/13/15, treater's reason for the request is "THREE OF THE SIX CRITERION MET TO FULFILL "HIGH RISK" CATEGORY INCLUDE HISTORIC POOR RESPONSE TO OPIOIDS, DEPRESSION (REACTIVE), HISTORY OF NO RETURN TO WORK FOR SOME TIME FOLLOWING INJURY." In this case, the patient is prescribed Tramadol since at least 01/22/15, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS/WAS medically necessary.