MAXIMUS Federal Services

Case Number:	CM15-0129490		
Date Assigned:	07/21/2015	Date of Injury:	04/25/2014
Decision Date:	08/26/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/06/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 04/25/14. Initial complaints and diagnoses are not available. Treatments to date include medications and chiropractic care. Diagnostic studies are not addressed. Current complaints include back pain. Current diagnoses include cervical strain/sprain with headaches, thoracolumbar myofascial pain, lumbar sprain, and lower extremity radicular symptoms, as well as nonindustrial diabetes. In a progress note dated 04/30/15 the treating provider reports the plan of care as medications including Tramadol and Prilosec, as well as periodic blood work every 4-6 months, urine drug screen, neurodiagnostic studies of the lower extremities, and a MRI of the lumbar spine. The requested treatments include medications including Tramadol and Prilosec, as well as periodic blood work every 4-6 months, urine drug screen, a MRI of the lumbar spine, and neurodiagnostic studies of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 periodic blood work analysis every 4-6 months: Upheld

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

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

Decision rationale: The California MTUS and ODG guidelines do not address comprehensive blood panel testing every 4-6 months. However, for chronic NSAIDs, The American College of Rheumatology recommend hemoglobin or hematocrit is recommended at base-line and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. The treating physician does not identify such risk factors for the injured worker. Laboratory testing every 4-6 months would appear excessive. Furthermore, Norco, tramadol and other opiate medications have been recorded to have minor adverse events. The request is not medically necessary.

1 neurodiagnostics of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent is not recommended. The documentation submitted for review does not contain evidence of neurologic dysfunction such as sensory, reflex, or motor system deficit. The injured worker is not presented as having radiculopathy. There are no changes presented that suggest the presence of a peripheral neuropathy. The request is not medically necessary.

1 single positional MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted for review did not contain evidence of any red flag neurologic findings on physical examination. The documentation submitted for review does not contain evidence of neurologic dysfunction such as sensory, reflex, or motor system deficit. The request is not medically necessary.

1 periodic drug screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 87.

Decision rationale: MTUS Chronic Pain guidelines recommend random drug screening for patients to avoid the misuse of opioids, particularly for those at high risk of abuse. Upon review of the submitted medical records, the injured worker is not a high risk for abuse. Per MTUS CPMTG p87, "Indicators and predictors of possible misuse of controlled substances and/or addiction: 1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state; 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in “distress”, (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication; 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs is ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources." The documentation submitted for review indicates that the injured worker has been using tramadol since at least 4/2014. The medical records did not contain evidence of recent UDS. Per the UDS guidelines: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. As the guidelines recommend UDS within six months of initiation of opiate therapy, the request is indicated. However, the request for periodic drug screens is not medically necessary and cannot be affirmed. It should be noted that the UR physician has certified the request for one urine drug screen.