

Case Number:	CM15-0172541		
Date Assigned:	09/14/2015	Date of Injury:	01/13/2004
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/01/2015

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, 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 53 year old female, who sustained an industrial injury on 01-13-2004. She has reported subsequent low back pain and was diagnosed with lumbar strain and status post lumbar spinal surgery x 2. Treatment to date has included oral and topical pain medication, physical therapy, home exercise program and surgery which were noted to provide some pain relief. Documentation notes that medication reduced the symptoms to a manageable level allowing the injured worker to be functional and complete activities of daily living. Work status was documented as modified. The injured worker was prescribed opioid medication as far back as 2004. In a progress note dated 07-14-2015 the injured worker reported 8 out of 10 low back pain radiating to the right leg and foot with intermittent numbness and tingling. Pain with medication was noted to be 3-5 out of 10. Objective examination findings showed tenderness to palpation of the lumbosacral spine from L1 to the sacrum with spasm bilaterally and painful range of motion after 25-30% of forward flexion. A random urine drug screen was requested on 04-13-2015 and approved on 05-18-2015. A request for authorization of retrospective urine drug screen (date of service: 07-14-15), urine drug screen and lumbar spine decompression brace was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen (DOS: 07/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant had a urine drug screen request a few months prior and there was no indication of aberrant behavior in the notes. Based on the above references and clinical history a urine toxicology screen on 7/14/15 was not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The specific time and point for request was not specified and the urine screen request was mentioned during several progress reports. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Lumbar spine decompression brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Work-Relatedness, Initial Care, Physical Methods.

Decision rationale: Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. In this case, the claimant had an injury 11 years ago.

There was no indication for length of use of the decompression brace. There were no neurological abnormalities noted. The decompression brace is not medically necessary.