

Case Number:	CM15-0173382		
Date Assigned:	09/15/2015	Date of Injury:	09/11/2002
Decision Date:	10/15/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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 68 year old male, who sustained an industrial injury on September 11, 2002. He reported low back pain, bilateral leg pain with numbness and weakness and mid back pain. The injured worker was diagnosed as having acid reflux, constipation, hypertension, sleep disorder. Treatment to date has included diagnostic studies, radiographic imaging, electrodiagnostic studies, lumbar epidural steroid injection with short term relief, medications and work restrictions. Currently, the injured worker continues to report mid back pain, low back pain and bilateral lower extremity pain, tingling and weakness. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on May 16, 2015, revealed continued pain as noted. It was noted he had decreased range of motion in the lumbar spine and thoracic spine with tenderness to palpation of the paraspinals. Electrodiagnostic studies of the lower extremities revealed negative results. Evaluation on June 2, 2015, revealed continued pain as noted. It was noted Magnetic resonance imaging (MRI) of the lumbar spine revealed lumbar foraminal stenosis. It was noted they were trying to avoid surgical intervention. He remained temporarily totally disabled. Evaluation on July 14, 2015, revealed continued pain. A pain management evaluation was recommended. The RFA included requests for Body Composition Study (retrospective DOS 7/16/15), Qty 1 and Utox, Qty 1 and was non-certified on the utilization review (UR) on August 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Utox, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 is 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. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Body Composition Study (retrospective DOS 7/16/15), Qty 1: 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 National Guidelines for weight loss Agency for Healthcare Quality Research 2010 Feb. p.96 Obesity National Guidelines.

Decision rationale: In this case, the claimant had a BMI of 27. There was no mention of morbid or central obesity. There was no mention for need for weight loss or exercise. Body composition analysis is not justified to improve or determine the patient's medical condition. The test was not justified and is not medically necessary.