

<b>Case Number:</b>	CM15-0090914		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	02/15/1994
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 was a 57 year old female, who sustained an industrial injury, February 15, 1994. The injured worker previously received the following treatments random toxicology laboratory study completed on March 3, 2015, Voltaren Ointment, Norco, Cymbalta, Clonidine, Oxycodone, bilateral L2 paravertebral sympathetic block, several epidural injections with some benefit. The injured worker was diagnosed with unsatisfactory pain relief, spinal cord stimulator, chronic severe back pain, severe lumbar degenerative disc disease, status post lumbar fusion and CRPS (complex regional pain syndrome) in the truck. According to progress note of April 23, 2015, the injured workers chief complaint was the injure worker was being seen as a follow-up from a L2 bilateral paravertebral block. The injured worker states it did not do much for the pain. The injection did help with sensitivity of the back. The injured worker was able to sit back a little better in a chair with a pillow. The injured worker received approximately 20% relief. The physical exam noted poor range of motion. The injured worker was less tender at the paraspinals. The injured worker was unable to toe and heel walk, due to pain. The injured worker slowly returns from a sitting to an erect position, due to pain. The treatment plan included urine drug screen and flexion and extension films of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Urine drug screen, #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 78, 43, 77, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has not provided rationale for monthly checks. As such, the request for Urine drug screen #12 is not medically necessary.

## **Flexion and extension lumbar films, #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Flexion/extension imaging studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** ACOEM and ODG both agree that "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags for serious spinal pathology or other findings suggestive of the pathologies outlined in the ODG guidelines. ODG additionally states that "it may be appropriate when the physician believes it would aid in patient management". The treating physician also does not indicate how the x-ray would "aid in patient management". ODG further specifies other indications for imaging with Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma (a serious bodily injury): pain, tenderness; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt

(chance) fracture; Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; Uncomplicated low back pain, suspicion of cancer, infection; Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, infectious disease patient Myelopathy, oncology patient; Post-surgery: evaluate status of fusion. The treating physician does not indicate any concerns for the above ODG pathologies. As such, the request for Flexion and extension lumbar films #1 is not medically necessary.