

<b>Case Number:</b>	CM15-0095256		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	03/05/2001
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 48 year old male who sustained an industrial injury on 3/5/01. The injured worker was diagnosed as having diabetes mellitus, hypertension, peripheral neuropathy, lumbar radiculitis, chronic myofascial pain, lumbar post laminectomy syndrome and failed back status post anterior fusion. Currently, the injured worker was with complaints of lower back pain with radiation to the lower extremities, jaw pain, chest discomfort, headaches and facial numbness. Previous treatments included medication management, home exercise program and home blood glucose monitoring. The plan of care was for electrocardiogram, urine toxicology screen and diabetic test strips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrocardiogram:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: Preoperative testing, general.

**Decision rationale:** Based on the 03/20/15 progress report provided by treating physician, the patient presents with low back pain that radiates to legs, rated 5-9/10. The request is for ELECTROCARDIOGRAM. Patient's diagnosis per Request for Authorization form dated 03/18/15 includes failed low back surgery syndrome, parasthesia of the bilateral upper and lower extremities, Diabetes Mellitus, Hypertension, and hyperlipidemia. Per 03/18/15 report, patient's home average blood glucose is 127 mg/dL, and "he reports that his diabetes and hypertension have been controlled with medication." Treatment to date included imaging studies, home exercise program, and medications. Patient's medications include Norco and Neurontin, per 03/20/15 report. Per 03/18/15 report, medications also include Metformin, Lisinopril, Dexilant, Gaviscon and Glipizide. Urine drug screen reports dated 12/05/14, 01/22/15, and 03/18/15 were provided. Patient has been permanent and stationary since 04/05/10, per 03/18/15 report. Treatment reports were provided from 12/03/14 - 05/20/15. With regards to medical clearance, ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Preoperative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography." Per 03/18/15 report, treater requested EKG without providing medical rationale. The guidelines support certain pre-operative evaluations including labs, EKG and X-rays for the right patient population with risk factors. In this case, the patient presents with risk factors that include diabetes mellitus, hypertension, hyperlipidemia and chest discomfort. There is no record the patient had prior EKG done. The request appears reasonable and in accordance with guidelines. Therefore, the request IS/WAS medically necessary.

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine Drug Testing.

**Decision rationale:** Based on the 03/20/15 progress report provided by treating physician, the patient presents with low back pain that radiates to legs, rated 5-9/10. The request is for URINE TOXICOLOGY SCREENING. Patient's diagnosis per Request for Authorization form dated

03/18/15 includes failed low back surgery syndrome, parasthesia of the bilateral upper and lower extremities, Diabetes Mellitus, Hypertension, and hyperlipidemia. Per 03/18/15 report, patient's home average blood glucose is 127 mg/dL, and "he reports that his diabetes and hypertension have been controlled with medication." Treatment to date included imaging studies, home exercise program, and medications. Patient's medications include Norco and Neurontin, per 03/20/15 report. Per 03/18/15 report, medications also include Metformin, Lisinopril, Dexilant, Gaviscon and Glipizide. Patient has been permanent and stationary since 04/05/10, per 03/18/15 report. Treatment reports were provided from 12/03/14 - 05/20/15. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: 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. MTUS does support urine drug screens for compliance or aberrant behavior. However, the issue in this case appears to be the frequency of drug testing. Urine drug screen reports dated 12/05/14, 01/22/15, and 03/18/15 were provided for review showing results to be compliant. MTUS does not specifically discuss the frequency that urine drug screens should be performed. ODG is more specific on the topic and recommends urine drug screens on a yearly basis if the patient is at low risk. Given frequency of UDS's, the current request appears excessive. Therefore, the request IS NOT medically necessary.

#### **Diabetic test Strips/Lancets/Swabs: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Diabetes, Glucose monitoring.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to National Guidelines clearing House.

**Decision rationale:** Based on the 03/20/15 progress report provided by treating physician, the patient presents with low back pain that radiates to legs, rated 5-9/10. The request is for DIABETIC TEST STRIPS/LANCETS/SWABS. Patient's diagnosis per Request for Authorization form dated 03/18/15 includes failed low back surgery syndrome, parasthesia of the bilateral upper and lower extremities, Diabetes Mellitus, Hypertension, and hyperlipidemia. Per 03/18/15 report, patient's home average blood glucose is 127 mg/dL, and "he reports that his diabetes and hypertension have been controlled with medication." Treatment to date included imaging studies, home exercise program, and medications. Patient's medications include Norco and Neurontin, per 03/20/15 report. Per 03/18/15 report, medications also include Metformin, Lisinopril, Dexilant, Gaviscon and Glipizide. Urine drug screen reports dated 12/05/14, 01/22/15, and 03/18/15 were provided. Patient has been permanent and stationary since 04/05/10, per 03/18/15 report. Treatment reports were provided from 12/03/14 - 05/20/15. MTUS is silent about diabetic supply. According to National Guidelines clearing House, diabetic supplies should be available to people with diabetes mellitus and their family. Patient has been diagnosed with diabetes mellitus. Therefore, the request IS medically necessary.