

Case Number:	CM14-0103426		
Date Assigned:	07/30/2014	Date of Injury:	02/01/2010
Decision Date:	09/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 male who reported an injury on 02/01/2010; the mechanism of injury was not provided. Diagnoses included lumbar spondylosis. Previous treatments included medication. Previous diagnostics included an MRI of the lumbar spine the results of which were not provided. Urine drug screens were completed on 05/12/2014 and 03/07/2014 and were consistent with the injured worker's prescribed medication regimen. Surgical history was not provided. The clinical note dated 05/30/2014 indicated the injured worker complained of pain and tightness in the lumbar spine with radiating pain, and numbness and tingling in the right lower extremity. Physical exam revealed tenderness to palpation over the paravertebral musculature with spasm present on the right side, and positive bilateral straight leg raise. Medications included Soma, hydrocodone 7.5 mg, and Flurbiprofen menthol capsaicin topical compound medicine. The treatment plan included a urine toxicology for drug screening to assist monitoring adherence to prescription drug treatment regimen, and an MRI of the lumbar spine to determine the pathology of pain and plan for further treatment. The request for authorization form was dated 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates, steps to avoids misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: MTUS Guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. Two previous urine drug screens, dated 05/12/2014 and 03/07/2014, were consistent with the injured worker's prescribed medication regimen. There is a lack of clinical documentation to support the need for a repeat urine drug screen. The injured worker's prior two urine drug screens were consistent and there is no indication that the injured worker exhibited non-adherent drug-related behavior. As such, the request is not medically necessary.

MRI study for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: MTUS/ACOEM Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (MRI for neural or other soft tissue and CT for bony structures). The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation indicated that the injured worker previously had an MRI of the lumbar spine; however, the results of the prior MRI were not provided. There is no evidence of a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation indicating the injured worker has significant findings upon physical examination indicative of neurologic deficit. As such, the request is not medically necessary.