
Notice of Independent Medical Review Determination

Dated: 8/22/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
4/22/2013

3/16/2013

5/1/2013

CM13-0000284

- 1) MAXIMUS Federal Services, Inc. has determined the request for baseline urine drug testing for medication monitoring **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for J-Tech computerized dual inclinometry in measuring range of motion **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/1/2013 disputing the Utilization Review Denial dated 4/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for baseline urine drug testing for medication monitoring **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for J-Tech computerized dual inclinometry in measuring range of motion **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 22, 2013:

“This patient had an initial date of injury of 3/14/2013. The patient was most recently seen by Dr. [REDACTED] on 3/25/13 at which time he had continuous aching pain in his chest. There was burning pain in the right shoulder with popping but no clicking. There is no numbness or tingling in the upper extremities. The pain is 8/10. The lumbar spine was also painful as well as the right knee. Exam showed positive tenderness over the right shoulder AC joint and anterior joint area. All other special test were normal but range of motion was diffusely reduced. Grip strength was decreased on the right. Neurologic exam was normal except for decreased C8 dermatome sensation. Lumbar spine exam showed decreased flexion and tenderness over the paraspinals. Straight leg raise was positive on the right. Neurologic exam showed weakness with the extensor hallucis longus on the right. Sensation was normal. The knee exam showed tenderness over the lateral joint line. Flexion was minimally reduced but otherwise the exam was normal. The SI joint was also tender on the left. The diagnoses included right shoulder sprain, rule out internal derangement of the right shoulder, left costochondral sprain, lumbar sprain, right knee sprain, and rule out internal derangement of the right knee. The plan was for an MRI of the right shoulder and right knee, urine drug screen, and physical therapy.

A previous report from 3/14/13 was also available, which was the initial work up. The diagnosis at that time included trauma to the low back. The subjective complaints

included, shoulder pain, arm pain, ? (unable to read) pain and headache. The exam showed decreased range of motion in the right shoulder with tenderness. Toradol injection, EKG, X-ray of the right shoulder, and X-ray of the spine”.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 5/1/2013)
- Utilization Review Determination (dated 4/22/2013)
- Utilization Review Determination (dated 6/21/13)
- Chronic Pain Medical Treatment Guidelines pg, 90-91 Opioids screening
- ACOEM for Neck and Upper Back complaints regarding Physical Examination, Chapter 8
- Medical Records from Dr. [REDACTED] (dated 4/4/13 – 6/10/13)
- Medical Records from [REDACTED] (dated 3/14/13 – 3/22/13)
- Medical Records from [REDACTED] (dated 5/15/13 – 5/27/13)
- Medical Records from [REDACTED] (dated 4/22/13 – 6/21/13)

1) Regarding the request for baseline urine drug testing for medication monitoring :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Drug testing, pg. 43, Opioids, pg. 90-95, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/14/13 the employee sustained industrial related injuries to the chest, right shoulder, lumbar spine, and right knee. The medical records provided and reviewed indicate treatment included X-rays and an analgesic (Toradol). A medical report dated 3/25/13 indicates the employee continues to experience shoulder, lumbar and knee pain. A request was submitted for baseline urine drug testing for medication monitoring and J-Tech computerized dual inclinometry in measuring range of motion.

MTUS Chronic Pain Guidelines, recommend urine screens to assess for the presence of illegal drugs and “random urine toxicology screen” for patients who are taking opioid medications to avoid misuse or addiction. The reviewed medical records did not indicate there was a suspicion of illegal drug use and the employee was not prescribed opioid medications. The request for baseline urine drug testing for medication monitoring **is not medically necessary and appropriate.**

2) Regarding the request for J-Tech computerized dual inclinometry in measuring range of motion :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), part of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (current version), Low Back Flexibility section, a Medical Treatment Guideline, not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant. The Expert Reviewer found the Official Disability Guidelines (ODG) (current version), Low Back Flexibility section, an MTG used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 3/14/13 the employee sustained industrial related injuries to the chest, right shoulder, lumbar spine, and right knee. The medical records provided and reviewed indicate treatment included X-rays and an analgesic (Toradol). A medical report dated 3/25/13 indicates the employee continues to experience shoulder, lumbar and knee pain. A request was submitted for baseline urine drug testing for medication monitoring and J-Tech computerized dual inclinometry in measuring range of motion.

Official Disability Guidelines “do not recommend computerized measures of lumbar spine range of motion.” There is no relation between range of motion measures and functional ability. The request for J-Tech computerized dual inclinometry in measuring range of motion **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.