

Case Number:	CM13-0009095		
Date Assigned:	11/01/2013	Date of Injury:	07/12/2006
Decision Date:	01/22/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 64-year-old female who reported an injury on 07/12/2005. The patient is currently diagnosed with abdominal pain, constipation, gastroesophageal reflux disease, hypertension, and palpitations. The patient also maintains diagnoses of displacement of cervical disc without myelopathy, cervical dysfunction, and thoracic segmental dysfunction. The patient was recently seen by [REDACTED] on 04/24/2013. The patient reported improving abdominal pain, constipation, gastroesophageal reflux, and hypertension. The physical examination revealed 1+ epigastric tenderness to palpation with edema noted over bilateral upper extremities. The patient also demonstrated tenderness to palpation over the cervical spine. The treatment recommendations included fasting labs and a urine toxicology screening, as well as continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Initiating Therapy Section, and Opioids Section Page(s): 43, 77, 89.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. The patient is at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no documentation of non-compliance or misuse of medications. The medical necessity for the requested urine drug screen has not been established. As such, the request is non-certified.

EKG: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Electrocardiogram.

Decision rationale: As per the clinical notes submitted, the patient has undergone previous electrocardiograms. The patient does not maintain significant heart disease, either resulting from industrial injury or related to the accepted industrial injury. The medical necessity for the repeat EKG has not been established. As such, the request is non-certified.

EGD/Colonoscopy: 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 The American Journal of Gastroenterology © 2014 The American College of Gastroenterology, Endoscopy, The American Journal of Gastroenterology 105, 1327-1337 (June 2010).

Decision rationale: There is no documentation supporting an upper or lower GI disease that is related to the accepted industrial injury of the neck, shoulder and upper extremities. The medical rationale for the requested procedure has not been established. As such, the request is non-certified.