

Case Number:	CM13-0015464		
Date Assigned:	10/08/2013	Date of Injury:	01/18/2013
Decision Date:	01/15/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/22/2013

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 Pain Management and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 59-year-old female who reported an injury on 01/18/2013 while she was in the process of walking the company's gas pumping station on even concrete and she tripped and fell directly onto her left side. She is reported to complain of ongoing left shoulder pain, neck pain, right shoulder pain, pain in the upper back and lumbar spine, pain in her right forearm, right elbow and hand, and right hip and thigh pain. She also reported headaches and difficulty sleeping. She is noted to have treated initially at [REDACTED] with physical therapy and medications without improvement. She was evaluated by the treating physician on 07/15/2013 who noted a previous magnetic resonance imaging (MRI) of the lumbar spine was performed and 6 sessions of physical therapy was provided. On that date, she continued to complain of pain in the neck with radiation of pain down the right arm which increased by turning her head from side-to-side, flexing and extending the neck and head, reaching or lifting, and with prolonged sitting and standing. She reported severe pain in the right shoulder that increased with reaching overhead, lifting, carrying, pushing, and pulling. The patient reported instability of the shoulder, as well as clicking, popping, and grinding sensation. She noted swelling, numbness, and tingling sensation. She complained of continuous severe pain in the upper back with pain radiating to the lumbar spine and constant and sharp stabbing pain in the low back and frequent sharp and stabbing pain in the right hip and thigh. She is noted on physical examination of the cervical spine to have tenderness to palpation with spasms with normal range of motion of the cervical spine accompanied by pain. Examination of the right shoulder noted tenderness to palpation with spasms. Examination of the lumbar spine noted decreased range of motion of the lumbar spine in flexion and extension due to pain. Examination of the right hip noted full range of motion in flexi

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The patient reported an injury on 01/18/2013 when she is reported to have tripped and fallen landing on her side. She is reported to complain of ongoing cervical pain with radiation of pain to the right upper extremity, right shoulder pain, upper back pain and lower back pain, and right hip pain. She is noted to have been evaluated by a treating physician on 07/15/2013 and at that time medications were reported to include Lisinopril and naproxen. A request was submitted for urinalysis. California MTUS Guidelines do not recommend the use of urinalysis. There is no documentation for drug testing. There is no documentation the patient has findings of a urinary tract infection and although she is reported to be on naproxen, guidelines recommend periodic lab monitoring with a complete blood count (CBC) and chemistry profile including liver and function testing. There is no indication for urinalysis. Based on the above, the requested urinalysis is non-certified.

MAGNETIC RESONANCE IMAGING (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 207-209,303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The patient is a 59-year-old female who reported an injury on 01/18/2013 when she tripped and fell onto her side. She is reported to complain of ongoing neck pain with radiation of pain to the right upper extremity, upper back pain, low back pain, and right hip pain. She is noted to have tenderness and spasms of the right shoulder and reports pain with rotation, overhead activities, and lifting and carrying weights. She is noted to complain of right hip pain with range of motion and to have mildly decreased range of motion of the hip in abduction, adduction, and internal and external rotation. She is reported to have previously undergone MRI of the lumbar spine. California MTUS Guidelines recommend an magnetic resonance imaging (MRI) of the shoulder when there is physiological tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff, the presence of edema, cyanosis, or Raynaud syndrome, or failure to progress in a strengthening program, or for clarification of anatomy prior to an invasive procedure. There is no documentation of weakness or findings indicative of a rotator cuff tear, there is no indication

the patient is planned for surgery, and there is no indication the patient has weakness from a massive rotator cuff tear or has not responded to conservative treatment to the shoulder. California MTUS Guidelines do not address MRIs of the hip. Official Disability Guidelines recommend MRIs of the hip if there is suspicion of osseous articular or soft tissue abnormalities, osteonecrosis, an occult fracture or stress fracture, or acute or chronic soft tissue injuries or tumors. As there is no documentation of the findings on previous x-rays performed to the hip ruling out any fractures and the patient is not noted to have acute or chronic soft tissue injuries, the requested MRI of the hip does not meet guideline recommendations. As she has is reported to have previously undergone a MRI of the lumbar spine, the need for a repeat MRI is not established. Based on the above, magnetic resonance imaging (MRI) is non-certified.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines .

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

Decision rationale: The patient is a 59-year-old female who reported an injury on 01/18/2013 when she was reported to have tripped and fallen landing on her side. She is noted to complain of ongoing cervical pain with radiation of pain to the right upper extremity, right shoulder pain, upper back pain, low back pain, and right hip pain. She is noted on 07/15/2013 to be taking only Lisinopril and naproxen. California MTUS Guidelines recommend the use of a urine drug screen to assess for the use of presence of illegal drugs. As there is no indication the patient was at that time taking any narcotic opioids and documentation of aberrant drug-taking behaviors that would indicate the presence of illegal drugs, the need for a urine toxicology screen is not established and does not meet guideline recommendations. Based on the above, the request for a urine toxicology screen is non-certified.

Decision for MAGNETIC RESONANCE IMAGING (MRI) of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The patient is a 59-year-old female who reported an injury on 01/18/2013 when she tripped and fell landing on her side. She is reported to complain of ongoing neck pain with radiation of pain to the right upper extremity. She is noted on physical examination to have decreased range of motion with tenderness to palpation and spasms of the cervical spine. Range of motion of the cervical spine was reported to be full, but accompanied by pain. She is not noted to have any neurological deficits on physical examination and there is no indication the patient has failure to progress using a strengthening program as the patient is noted to only have attended 6 sessions of physical therapy. They recommend an MRI for clarification of anatomy

prior to invasive procedure; however, there is no indication the patient is being planned for an invasive procedure at this time and as such, the need for MRI of the cervical spine is not established and does not meet guideline recommendations. Based on the above, the request for magnetic resonance imaging (MRI) of the cervical spine is non-certified.