

Case Number:	CM13-0026637		
Date Assigned:	11/22/2013	Date of Injury:	01/08/2003
Decision Date:	02/26/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 52 year-old female with a 1/8/2003 industrial injury claim. She has been diagnosed with left Piriformis syndrome, improved following botox chemodenervation; acute right Piriformis syndrome; left TOS, substantial response to left scalene diagnostic local anesthetic injections; C5/6, C6/7 disc herniation with left sided radiculitis; cervical myofascitis; left shoulder internal derangement, s/p arthroscopic decompression with residuals and ankylosis.; s/p left finger fracture with ORIF and persistent deformity; depressive disorder; gastritis; IBS; chronic pain syndrome; sleep disturbance. The 9/12/13 EMG/NCV shows moderate subacute and chronic C5 and C6 radiculopathy worse at C6. The study was normal for neuropathy, no peripheral nerve entrapments, but a medial cord brachial plexopathy may be present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinary 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 Page(s): 43.

Decision rationale: For this IMR, I have been provided records dating back through October 2012. It does not appear that the patient has had a UDT in 2013. The UR letter states the qualitative UDT was necessary, but denied the quantitative study. The request before me, is non-specific for quantitative or qualitative UDT, it is only for a urine drug screen. MTUS states these are: " Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The request as written is in accordance with MTUS guidelines.

Home medics neck and shoulder massager with heat, one unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-50,,Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The available medical records from [REDACTED] and [REDACTED] do not discuss any self-directed active therapy/or home exercise program. The Home Medics massager/heating unit is another passive therapy device. MTUS and ACOEM states that passive therapy is used for the acute/early phases of care. ACOEM states it may be used in the first 2-weeks. This patient's injury was over 10-years ago and is chronic phases. MTUS recommends active therapy over passive therapy for this phase of care. The request for the passive massage device with heat is not in accordance with MTUS guidelines.