

Case Number:	CM13-0033686		
Date Assigned:	12/06/2013	Date of Injury:	12/22/2010
Decision Date:	04/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 patient is a 52-year-old female who reported an injury on 12/22/2010. The mechanism of injury was not stated. The patient is diagnosed with cervical disc syndrome with radicular symptoms, left shoulder internal derangement, lumbar spine spondylosis, low back syndrome with radicular symptoms, right knee medial meniscus tear, right knee osteoarthritis, insomnia, depression, and hypertension. The patient was seen by [REDACTED] on 08/13/2013. The patient reported persistent shoulder pain, as well as lower back and right knee pain. Physical examination revealed spasm and tenderness to palpation over bilateral cervical paravertebral muscles, decreased cervical range of motion, diminished left shoulder range of motion, positive impingement testing, 5/5 motor strength, spasm and tenderness over the lumbar spine, decreased sensation in the right L5 and S1 dermatomes, positive Valsalva and Kemp's testing, and positive straight leg raising. The treatment recommendations included continuation of current medications, a prescription for patches, an MRI of the left shoulder, and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR THE LEFT SHOULDER .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the patient's physical examination on the requested date revealed slightly diminished range of motion, positive impingement testing and 5/5 motor strength. There is no documentation of a significant change or progression of the patient's symptoms or physical exam findings. There is no documentation of a failure to progress in a strengthening program. Based on the clinical information received, the medical necessity for the requested service has not been established. As such, the request is non-certified.

URINE TOXICOLOGY SCREENING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The Chronic Pain Guidelines indicate that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines indicate that the frequency of urine drug testing should be based on documented Final Determination Letter for IMR Case Number CM13-0033686 4 evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than three (3) years ago to date, and there is no indication of non-compliance or misuse of the medication. There is also no indication that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.