

Case Number:	CM13-0035439		
Date Assigned:	12/13/2013	Date of Injury:	05/10/2012
Decision Date:	02/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 sustained an industrial injury on 05/10/12. The patient has been under the care of the treating physician for left-sided C5-6 radiculopathy, cervical hyperextension/hyperflexion injury, and cervical discopathy. Per 7/25/13 Physician note: Subjective Complaints: The patient states that her neck symptoms have worsened. At this time, she complains of increased numbness and tingling to the upper extremities. Objective Findings: Physical Examination- On examination of the cervical spine, there is tenderness and Spasm to the paraspinal muscles. There is painful rotation with overhead reach. There is weakness. There is left ulnar nerve mildly decreased sensation with mild Tinel's sign of the elbow. There is decreased grip strength on the right. There is overhead reach pain and weakness to the bilateral shoulders, right greater than left. Procedure: A urine specimen was obtained today to monitor medication use. Per documentation, No medications were prescribed on 7/25/13 6/13/13 and 7/25/13 Urine tox screen results: Comments: Inconsistent With Prescription Therapy: Citalopram/Escitalopram detected by GCIMS. Not reported as prescribed. The patient states that she has been going to massage therapy and paying out of pocket. I would request six visits of massage therapy for her cervical spine, at a rate of two times a week for three weeks. 07/12/13 indicates: Diagnoses MRI, cervical spine w/o contrast - impression: Mild to moderate degenerative changes of the cervical spine without significant change from 9/18/12 as described above. 1. Left-sided C5-6 radiculopathy. 2. Cervical hyperextension/hyperflexion injury. 3. Cervical discopathy. Per records Documentation provided for review identifies the patient has undergone multiple urine drug screens, including on 7/25/13 6/13/13, 05/10/13, 04/05/13, and 01/25/13. On 08/21/13, UR non-certified a urine drug screen performed on 07/25/13 and non-certified 6 sessions of massage therapy to the cervical spine. The issue of wh

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective urinalysis per 7/25/13 RFA and report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,94,85,87-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Urine Drug Testing

Decision rationale: Retrospective Urinalysis from 7/25/13 is not medically necessary per MTUS and ODG guidelines. There is no documentation stating what specific medication was being prescribed that required monitoring for compliance. Records submitted do not indicate issues of adverse behavior. Patient has undergone multiple urine drug screens, including on 7/25/13 6/13/13, 05/10/13, 04/05/13, and 01/25/13. Per ODG guidelines: " Documentation should make evident the reason(s) that confirmatory tests are required. This includes information about the actual classes of drugs requested for testing. "Patient has no indicators of possible misuse of controlled substances and/or addiction as defined in the MTUS guidelines. Per MTUS "Indicators and predictors of possible misuse of controlled substances and/or addiction:1) Adverse consequences: (a) Decreased functioning, (b) Observed intoxication, (c) Negative affective state 2) Impaired control over medication use: (a) Failure to bring in unused medications, (b) Dose escalation without approval of the prescribing doctor, (c) Requests for early prescription refills, (d) Reports of lost or stolen prescriptions, (e) Unscheduled clinic appointments in "distress", (f) Frequent visits to the ED, (g) Family reports of overuse of intoxication. 3) Craving and preoccupation: (a) Non-compliance with other treatment modalities, (b) Failure to keep appointments, (c) No interest in rehabilitation, only in symptom control, (d) No relief of pain or improved function with opioid therapy, (e) Overwhelming focus on opiate issues. 4) Adverse behavior: (a) Selling prescription drugs, (b) Forging prescriptions, (c) Stealing drugs, (d) Using prescription drugs in ways other than prescribed (such as injecting oral formulations), (e) Concurrent use of alcohol or other illicit drugs (as detected on urine screens), (f) Obtaining prescription drugs from non-medical sources". Retrospective Urinalysis from 7/25/13 is not medically necessary.

massage therapy for the cervical spine six (6) visits two (2) times a week for three (3) weeks: 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 Page(s): 60.

Decision rationale: Massage therapy for the cervical spine six (6) visits two (2) times a week for three (3) weeks per MTUS guidelines. Per guidelines "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results." Patient has had prior massage per documentation without evidence of functional improvement. There is no documentation that patient will use this as an adjunct to other recommended treatments such as exercise or therapy.