

Case Number:	CM13-0036059		
Date Assigned:	12/13/2013	Date of Injury:	07/20/2010
Decision Date:	04/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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, and is licensed to practice in 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 46-year-old female who reported an injury on 07/20/2010 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to the cervical and lumbar spine and right shoulder. The patient was status post lumbar fusion from the L4 to the S1. The patient's most recent clinical evaluation noted that the patient had continued cervical pain complaints that radiated into the right upper extremity. Physical findings included decreased range of motion with tenderness to palpation in the posterior cervical spine. It was noted that the patient had decreased sensation to pinprick of the right and left upper extremities. The patient's diagnoses included a right shoulder sprain/strain, cervical spine sprain/strain, and multilevel lumbar degenerative disc disease. A request was made for an MRI of the right shoulder. ❌

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

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

Decision rationale: The requested MRI of the right shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies for patients who have persistent symptoms that have failed to respond to a conservative treatment plan and clarification of anatomy is needed prior to surgical intervention. The clinical documentation submitted for review does not provide any evidence that the patient is a surgical candidate for the right shoulder. Additionally, the clinical documentation does not provide any quantitative deficits of the right shoulder. The clinical documentation submitted for review also does not provide that the patient has failed to respond to conservative treatment directed towards rehabilitation of the right shoulder. Therefore, an imaging study would not be indicated at this time. As such, the requested MRI of the right shoulder is not medically necessary or appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 requested urine drug screen is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends drug testing for patients who are suspected of illicit drug use or who are taking controlled substances for pain control. However, the clinical documentation submitted for review does indicate that the patient has already undergone a urine drug screen. The most recent clinical documentation does not provide any evidence that the patient has symptoms related to aberrant behavior. Therefore, an additional urine drug screen would not be supported. As such, the requested urine drug screen is not medically necessary or appropriate.

Repeat Lab Testing: 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 NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: The requested repeat lab testing is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends routine monitoring of patients who are on nonsteroidal anti-inflammatory drugs without a specific recommendation of when to repeat lab testing. The clinical documentation submitted for review does provide evidence that the patient has not taken any nonsteroidal anti-inflammatory drugs in the past year. Additionally, it is noted that the patient has already undergone laboratory testing. However, the results of that testing were not provided for review. Therefore, the need for additional testing cannot be established. Also, as the laboratory testing requested is not specifically identified the

appropriateness of that testing cannot be determined. As such, the requested repeat lab testing is not medically necessary or appropriate.