MAXIMUS Federal Services

Case Number:	CM13-0042325		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2000
Decision Date:	02/21/2014	UR Denial Date:	10/16/2013
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 Illinois. 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 67-year-old male who reported an injury on 02/13/2000. The mechanism of injury was not provided for review. The patient ultimately developed chronic lumbar and neck pain. The patient's pain was managed with medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation determined that the patient had low back and neck pain radiating into the right upper extremities described as 5/10 pain with medications. The patient's most recent clinical evaluation did not determine any significant abnormalities to support the patient's subjective complaints. The patient's diagnoses included lumbago, cervical pain, myofascial pain syndrome, and a shoulder region disorder. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Performed Urine Screen, DOS: 9/17/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

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

Decision rationale: The requested urine drug screen on 09/17/2013 was not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is on medications that require monitoring for aberrant behavior. The California Medical Treatment Utilization Schedule recommends drug testing for patients that are suspected of illicit drug use and nonadherent behavior to a prescribed medication schedule. The clinical documentation submitted for review does provide evidence that the patient previously underwent a urine drug screen in 06/2013 that provided consistent results with the patient's medication schedule. Additionally, Official Disability Guidelines recommend patients that are at low risk for aberrant behaviors submit to a urine drug screen on a yearly basis. As the clinical documentation does not establish that the patient is suspected of illicit drug use or noncompliance with the prescribed medication schedule, an additional urine drug screens would not be indicated. As such, the retrospective review for performed urine drug screen on 09/17/2013 is not medically necessary or appropriate.

The request for MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209.

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

Decision rationale: The requested MRI for the right shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies be performed when there are red flag conditions, physiological evidence of tissue insult or neurovascular dysfunction, failure to respond to conservative treatment intended to avoid surgery, and clarification of anatomy prior to surgical intervention. The clinical documentation submitted for review does not provide any evidence that the patient has had any physical therapy related to a shoulder injury. Additionally, the most recent clinical evaluation does not provide any evidence of physical deficits of the shoulder that would support the need for an imaging study. There are no red flag conditions documented. As such, the need for shoulder MRI is not medically necessary or appropriate.