

Case Number:	CM13-0057774		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2012
Decision Date:	07/29/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 2/19/12. A utilization review determination dated 10/23/13 recommends non-certification of urine toxicology screen as there was no indication of aberrant behaviors or a current risk stratification, acupuncture as there was no documentation of prior benefit, physiotherapy as there was no documentation of functional improvement from prior treatment, and psychologist consultation as trial treatment of depression and anxiety has not been attempted by the provider. The 10/5/13 medical report identifies constant left shoulder pain with popping. The patient had complaints of anxiety and depression. On exam, there is left shoulder positive Neer's tests anterior shoulder with grade four weakness. The patient had a psychological evaluation performed on 8/7/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. Therefore, the requested urine toxicology screen is not medically necessary.

ACUPUNCTURE TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines do support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the records suggest that this treatment has been utilized in the past, but there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) or functional improvement with the previous acupuncture. In the absence of such documentation, the requested acupuncture treatment is not medically necessary.

PHYSIOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the records suggest completion of prior PT sessions, however there is no documentation of specific objective functional improvement with the previous sessions. In addition, there is no documentation as to why any current functional deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Therefore, the requested physiotherapy is not medically necessary.

PSYCHOLOGIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition, Chapter 7, pg. 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, it is noted that the patient was evaluated in 2012 and there is no indication why another evaluation is needed at this time. Furthermore, while there is a mention of nonspecific anxiety and depression, there is no documentation of any specific symptoms associated with these conditions, such as worrying, uneasiness, apprehension, fear, sadness, hopelessness, irritability, loss of interest in activities that once were pleasurable, loss of appetite or overeating, difficulty concentrating, etc. Therefore, the requested psychologist consultation is not medically necessary.