

Case Number:	CM13-0057901		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2013
Decision Date:	04/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/20/2013

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 Interventional Spine, 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 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 52-year-old female with date of injury of 06/18/2013. The listed diagnosis per [REDACTED] dated 10/22/2013 are: 1. Neck strain/sprain. 2. Cervical disk protrusion. 3. Brachial neuritis or radiculitis. 4. Thoracic sprain/strain. 5. Lumbar sprain/strain. 6. Lumbar disk protrusion. 7. Lumbar radiculopathy. 8. Left shoulder internal derangement, 9. Status post left shoulder extensive debridement of subscapularis and labrum, 11/14/2013, [REDACTED] 10. Status post left shoulder supraspinatus rotator cuff repair, 11/14/2013, [REDACTED] 11. Status post left shoulder subacromial decompression, 11/14/2013, [REDACTED] According to progress report dated 10/22/2013 by [REDACTED], the patient complains of constant neck pain radiating to the left upper extremities with numbness and tingling. She rates her pain an 8-9/10 without medication and 6/10 with medication use. She has been utilizing topicals, oral medication, and acupuncture with benefit. She is able to lay and sit longer, sleep longer, and it decreases her lower extremity symptoms. Objective findings show cervical range of motion is decreased in all planes. Cervical spine spasms are present. Lumbar range of motion is decreased in all planes. Straight leg raise is positive bilaterally. Lumbar spine spasms are present. Gait is antalgic. The provider is requesting followup visits every 4 to 6 weeks and urinalysis every 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit every four to six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 177,557,303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to progress report 10/22/2013, this patient presents with chronic neck pain radiating to the left upper extremities and low back pain radiating to the lower extremities. The provider is requesting a follow-up visit every 4 to 6 weeks. Utilization review dated 11/20/2013 modified the request to 1 follow up visit. The ACOEM Guidelines states that "patients with potentially work related low back complaints should have follow-up every 3 to 5 days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, the treater did not specify the amount and duration of the follow-up visits. The recommendation is for authorization. The patient suffers from multiple chronic pain issues and follow up evaluations and monitoring is essential.

Urinalysis every four to six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 & 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Drug testing Page(s): 43 & 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with chronic neck pain radiating to the upper extremities and low back pain radiating to the lower extremities. The provider is requesting urinalysis (UA) every 4 to 6 weeks. While MTUS does not specifically address how frequent urine drug screen should be obtained for a various risk opiate users, the Official Disability Guidelines (ODG) provide a more clear guideline. For low risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. MTUS does not specify what "frequent" entails and does not provide guidelines for low risk patients. The ODG, however, recommends once yearly for patients on opiate that are low risk. Review of reports from 07/12/2013 to 11/19/2013, shows that the patient obtained UAs on 09/13/2013, 10/22/2013 and 11/19/2013. It is unclear why the treater is requesting such frequent UA's when he has not provided an assessment of risk for this patient's potential abuse. For low risk patients, the ODG Guidelines recommend once yearly urine screen following initial screen within the first 6 months. Given that the treater does not describe this patient as a high risk opiate abuser and that there was 3 urine drug screens in 2013, recommendation is for denial.