MAXIMUS Federal Services

Case Number:	CM13-0071492		
Date Assigned:	01/08/2014	Date of Injury:	12/09/1999
Decision Date:	06/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 & 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 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:

The injured worker is a 43 year old female with an injury reported on 12/09/1999. The mechanism of injury is noted as a fall. According to the clinical note dated 1/23/2013, the injured worker complained of neck and back pain. Per the physical examination, the injured worker had decreased sensation to the right C5, C6, and C7 dermatomes and decreased sensation to the right L4, L5, and S1 dermatomes. Motor strength to the bilateral upper and lower extremities were 4+/5. The injured worker had positive straight leg raise bilaterally and positive slump test bilaterally. The injured worker's medication list included ambien, soma 350mg, oxycondone 30mg and morphine sulfate 30mg tablets. The injured worker's diagnoses included head injury with loss of consciousness, psychiatric disorder, high cholesterol, diabetes, respiratory disorder, intestinal disorder, anxiety, cervical/lumbar radiculopathy, and chronic pain syndrome. The request for authorization was submitted on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER SLING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

Decision rationale: The request for a right shoulder sling is non-certified. The injured workers motor strength to the bilateral upper extremities was 4+/5. According to ACOEM Shoulder disorders may lead to joint stiffness more often than other joint disorders. Because injured workers with shoulder disorders tend to have stiffness followed by weakness and atrophy, careful advice regarding maximizing activities within the limits of symptoms is imperative, once red flags have been ruled out. If indicated, the joint can be kept at rest in a sling slings are not recommended for treatment of shoulder instability. There is a lack of evidence related to the need to immobilize the injured worker's right shoulder; therefore, the request for a right shoulder sling is not medically necessary.

LABS/ MED PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine Suggested Monitoring, Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-76.

Decision rationale: The request for labs/med panel is not medically necessary. According to the clinical notes a urine drug screen was to be done to assess the injured worker's compliance to medications. For injured workers with risk factors for drug abuse, a treating physician may consider utilizing the Controlled Substance Utilization Review and Evaluation System (CURES, http://ag.ca.gov/bne/trips.htm). CURES was established to automate the collection and analysis of all Schedule II controlled substance prescriptions issued in California. A physician may request a search for a Schedule II prescription history for a specific patient. According to the physician's treatment plan, the injured worker reported she was out of all of medications for 2 weeks; however, a rapid urine drug screen detected benzodiazepine as well as opiates. The findings were noted as inconsistent. It was unclear what labs were being requested as it is unclear what specific labs are included in the requested labs/med panel. Therefore, the request for labs/med panel is not medically necessary.