

Case Number:	CM14-0109393		
Date Assigned:	08/01/2014	Date of Injury:	01/27/2014
Decision Date:	09/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Medicine and is licensed to practice in Ohio and 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 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 39-year-old male who reported an injury on 01/27/2014. The mechanism of injury was not provided for clinical review. The diagnoses included cervical spine musculoligamentous sprain/strain with minimal spondylosis, thoracolumbar musculoligamentous sprain/strain with spondylosis, left shoulder/pectoralis sprain/strain, and lower left abdominal wall strain. Previous treatments included medication, x-rays, physical therapy, OrthoStim unit, and chiropractic sessions. Within the clinical note dated 06/20/2014, it was reported the injured worker complained of pain in the neck. He complained of thoracic spine/shoulder blade pain with throbbing, aching, and spasms in the upper shoulder blade area to the mid back. The injured worker complained of left-sided stomach pain increased with twisting, turning, and forward bending and pushing. He complained of lumbar spine pain in the low back, waist, and buttocks, which is present all the time. Upon physical examination, the provider noted tenderness to pressure of the shoulder. The provider indicated the range of motion of the shoulder was flexion as 130 degrees on the right and 130 degrees on the left and extension of 39 degrees on the right and 35 degrees on the left. The provider indicated the injured worker had tenderness to palpation of the spinous process of the thoracic spine. There was tenderness and spasm in the thoracic paraspinal spine. The range of motion of the thoracic spine was flexion at 21 degrees. The injured worker had a positive straight leg raise at 45 degrees. The provider noted tenderness and spasms of the thoracic paravertebrals. The request submitted is for an MRI of the lumbar spine, urine toxicology examination, and an ultrasound of the left abdominal. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine Quantity One: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an MRI of the lumbar spine quantity of 1 is not medically necessary. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on a neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is a lack of significant neurological deficits of the lumbar spine including decreased sensation and motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation indicating the injured worker failed all conservative treatment. Additionally, there is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.

Toxicology- Urine Drug Screen Quantity One: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing (UDT).

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

Decision rationale: The request for a toxicology urine drug screen quantity of 1 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs and may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug-seeking behaviors. There is a lack of documentation indicating

when the last urine drug screen was performed. Therefore, the request is not medically necessary.

Ultrasound of the Left Abdominal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Imaging.

Decision rationale: The request for an ultrasound of the left abdominal is not medically necessary. The Official Disability Guidelines do not recommend ultrasounds except in unusual situations, ultrasounds can accurately diagnosis groin hernias and this may justify its use if assessment of occult hernias. Ultrasound is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. There is a lack of significant objective findings warranting the medical necessity for the ultrasound. Additionally, the guidelines do not recommend the use of an ultrasound except for in unusual situations. There is a lack of significant objective findings indicating the provider was under suspicion the injured worker had an abdominal hernia. Therefore, the request is not medically necessary.