

Case Number:	CM14-0013098		
Date Assigned:	02/24/2014	Date of Injury:	04/08/2010
Decision Date:	08/05/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/01/2014

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 Occupational Medicine, 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:

The patient is a 69-year-old male who has submitted a claim for cervical disc syndrome, bilateral rotator cuff syndrome, bilateral adhesive capsulitis, lumbar spine herniated disc, and depressive disorder; associated with an industrial injury date of 4/8/10. Medical records from 2013 to 2014 were reviewed, which showed that the patient complained of neck pain rated at 3-5/10, bilateral shoulder pain rated at 7-10/10, and low back pain rated at 7-10/10. Physical examination showed limitation of range of motion of the thoracolumbar spine. Valsalva's, Kemp's, and straight leg raise tests were positive bilaterally. Motor strength was decreased in the bilateral lower extremities. Treatment to date has included medications, physical therapy, anterior cervical discectomy and fusion (2011), lumbar decompression and laminectomy (2011), and lumbar fusion (2011).

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As stated on page 94 of the California MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as she was diagnosed with depressive disorder. Urine drug tests have been performed on 10/16/13, 12/2/13, and 1/6/14; however, a list of current medications were not provided to assess consistency of the urine drug test results. Moreover, approval of the present request will exceed the recommended amount of urine drug tests given that the patient is moderate risk for drug abuse. Without additional information regarding patient compliance to or diversion from prescribed medications, there is no clear indication for urine drug screening. Therefore, the request is not medically necessary.

HOME HEALTH CARE SERVICES 6 HOURS PER DAY, 5 DAYS PER WEEK FOR THREE MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, home health aide (HHA) was prescribed to assist in activities of daily living. However, guidelines do not recommend HHAs when homemaker services (including personal care services) is the only care needed. Moreover, the medical records submitted for review failed to document findings that would substantiate that the patient is truly homebound. Therefore, the request is not medically necessary.

CONSULTATION WITH MEDICAL PROVIDER NETWORK (MPN) SPINAL SURGEON FOR SECOND OPINION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the ACOEM state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient was already being managed by an orthopedic surgeon for her neck and right shoulder complaints. However, there was no discussion regarding the indication for a second opinion orthopedic evaluation. There is no clear rationale for the requested service. Therefore, the request is not medically necessary.