

Case Number:	CM14-0018467		
Date Assigned:	04/18/2014	Date of Injury:	09/13/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Rehabilitation 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 injured worker is a 55 year old female who reported a left hand, knee, and back injury on 09/13/2012 from a fall. The clinical note from 02/26/2014 reported the injured worker stated she had constant moderate to severe pain in her left hand, spine, and left knee. The oral medications she was taking at the time of the exam were Tylenol #3 and Motrin 800mg. The diagnoses the injured worker listed included lumbar disc displacement, cervical disc herniation, tendinitis of the left hand, carpal sprain/strain of the left wrist, tear of medial meniscus of the left knee, cruciate ligament sprain left knee, and bursitis of the left knee. The last submitted documentation for urine drug screening prior to the retrospective urine screen in question was dated 10/23/2013 and was consistent for the medication she was taking at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/15/14) FOR URINALYSIS CHECKING FOR EXPECTED AND UNEXPECTED PHARMACOLOGICAL USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 7.

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

Decision rationale: The injured worker has documentation supporting non-aberrant behavior and multiple drug screens previously completed. The CA MTUS recommends for on-going opioid therapy to screen for misuse and aberrant behavior and urine drug screening is recommended to be done more frequently for high risk people. However, the last submitted documentation for urine drug screening prior to the retrospective urine screen in question was dated 10/23/2013 and was too early given the lack of documentation of any sign of misuse and does not warrant another test that early. Therefore, the retrospective request (DOS: 1/15/14) for urinalysis check for expected and unexpected pharmacological use is not medically necessary.

FOLLOW UP VISIT WITH RANGE OF MOTION MEASUREMENT AND PATIENT EDUCATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck And Upper Back Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Neck And Upper Back, Flexibility.

Decision rationale: The Official Disability Guidelines do not recommend range of motion and flexibility measurement as a primary criterion. The relation between back range of motion measures and functional ability is weak or nonexistent. In addition, the request does not specify the region to be measured. The request for range of motion measurement with patient education would be part of a standard office visit. Therefore, the request for follow-up visit with range of motion measurement and patient education is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 1/15/14) FOR ACUMAR RANGE OF MOTION FOR CERVICAL SPINE: 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 Non-MTUS Official Disability Guidelines (ODG) Neck And Upper Back, Flexibility.

Decision rationale: Official Disability Guidelines do not recommend range of motion and flexibility measurement as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. The request for range of motion measurements would be part of a standard office visit. Therefore, the retrospective request (DOS: 1/15/14) for Acumar Range of Motion for Cervical Spine is not medically necessary.