

Case Number:	CM14-0117504		
Date Assigned:	08/06/2014	Date of Injury:	01/17/2013
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 44-year-old female who has submitted a claim for lumbar intervertebral disc displacement without myelopathy, neck sprain and lumbar sprain associated with an industrial injury date of January 17, 2013. Medical records from 2014 were reviewed. The patient complained of constant neck and low back pain rated 7/10. Physical examination showed tenderness over the cervicolumbar paravertebral; limitation of motion of the lumbar spine; decreased motor/sensory of the LLE; positive straight leg raise and peroneal nerve stretch sign. MRI of the cervical spine done on March 21, 2013 showed disc protrusion at C4-C7. The diagnoses were lumbar intervertebral disc displacement, cervical sprain/strain, lumbar sprain/strain, myospasms, and radiculitis vs. radiculopathy. Most recent progress reports recommends continuation of pain medications but these were not enumerated. Urine drug screens were done on January 22, 2014 and February 14, 2014. Prior test result showed a negative result for tramadol intake which was inconsistent to prescribed medications. Most of the reports provided were handwritten. Important information may have been missed due to incomprehensibility. Treatment to date has included meloxicam, Zanaflex, Toradol injections, trigger point injection, home exercise program, and acupuncture. Utilization review from July 10, 2014 denied the request for follow up with [REDACTED] because there was no rationale given to transfer care to a pain management specialist. The request for urinalysis was also denied because there was no indication whether or not the urinalysis requested is part of a urine drug screen, or is being requested for another purpose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Page 43 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. In this case, 2 urine drug screens were performed, one on January 22, 2014 and another on February 14, 2014. The patient tested negative for tramadol use in the earlier urine drug screen which was inconsistent with prescribed medications. This may indicate possible aberrant drug-taking behavior for which urine toxicology is necessary. However, none of the recent progress reports show that tramadol was prescribed. Treatment plan recommends continuation of pain medications but these medications were not enumerated. It is unclear whether the patient is taking any controlled medications at this time, and whether these medications were authorized. There is no clear indication for a urine drug screen at this time. Therefore, the request for URINE TOXICOLOGY is not medically necessary.

Follow up with [REDACTED] Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, pg. 127

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient continues to experience severe pain rated 7/10 and may benefit from follow-up consults with [REDACTED] (pain management) and [REDACTED] (Orthopedic surgeon). Therefore, the request for Follow up with [REDACTED] is medically necessary.