

Case Number:	CM14-0143714		
Date Assigned:	09/12/2014	Date of Injury:	07/25/2012
Decision Date:	11/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; corticosteroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 5, 2014, the claims administrator denied a request for cervical MRI imaging, right shoulder MRI, and a urine drug screen apparently performed on July 8, 2014. The UR report was quite difficult to follow and employed an outline format with little-to-no narrative commentary. The claims administrator stated that it was basing its decision on an RFA form dated July 31, 2014 and an associated progress note dated July 21, 2014. In a case management note dated March 3, 2014, it was suggested that the applicant was improving; reporting only 1/10 low-grade shoulder pain with associated soreness. It was stated that the applicant had begun regular duty work as of February 23, 2014 and was declared at maximum medical improvement effective March 3, 2014. Urine drug testing of July 21, 2014 was reviewed and apparently included testing for multiple opioid, benzodiazepine, and antidepressant metabolites. Confirmatory and/or quantitative testing's performed, despite the fact that the bulk of the attachments in question were negative. On May 22, 2014, the applicant reported ongoing complaints of neck and shoulder pain, mild to moderate. The applicant was using Motrin for pain relief. The applicant was working modified duty with 25- to 30-pound lifting limitation in place. Shoulder range of motion was limited with elevation and abduction to 150 degrees. Physical therapy and home exercises were endorsed. In a handwritten note dated August 20, 2014, the applicant presented with ongoing complaints of neck pain radiating into the right arm superimposed on ongoing issues of shoulder pain, 2-4/10. The applicant was working part-time

at a rate of 25 hours a week. The applicant did have derivative complaints of insomnia and psychological stress. Work restrictions and MRI imaging were endorsed. The applicant was again returned to modified duty work. In a handwritten note dated July 8, 2014, again somewhat difficult to follow, the applicant again reported ongoing complaints of shoulder and neck pain. 75% of the applicant's pain was in the shoulder region with 25% of the applicant's pain in the neck region. The applicant was status post shoulder surgery in 2013, it was acknowledged. Work restrictions were endorsed, along with MRI imaging of the cervical spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178, 303-304. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure, in this case, however, there was no explicit statement (or implicit expectation) that the applicant would undergo any kind of surgical remedy or surgical intervention involving the cervical spine on or around the date in question, July 8, 2014. No clearly stated rationale for pursuit of the cervical MRI in question was furnished by the attending provider. It appeared that the applicant was intent on obtaining cervical MRI imaging for academic/evaluation purposes, with no clear intention of acting on the results of the same. Therefore, the request is not medically necessary.

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography for the evaluation of shoulder complaints without surgical indications is "not recommended." In this case, the attending provider's handwritten progress note made no mention that the applicant is actively considering or contemplating any kind of surgical remedy or surgical intervention involving the injured shoulder. It appeared, thus, that the attending provider was seeking MRI imaging for routine evaluation purposes, with no intention of acting on the results of the same. Therefore, the request is not medically necessary.

Retrospective request for Urine Drug Screen DOS: 7/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, identify when an applicant was last tested, attempt to conform to the best practices of the [REDACTED] when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, the attending provider did not clearly state when the applicant was last tested. The attending provider did not seemingly attach the applicant's complete medication list to the request for authorization for testing. Non-standard testing of numerous opioid, benzodiazepine, and antidepressant metabolites was performed, despite the unfavorable ODG position on the same. The testing included confirmatory and quantitative testing, despite ODG's unfavorable position on the same. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.