

<b>Case Number:</b>	CM14-0164141		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Internal 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 injured worker is a 60-year-old woman with complaints of low back pain. She has intermittent pain in her neck with persistent pain in the right hand. She reports dyspeptic symptoms and admits to cannabis use. Physical examination shows no tenderness on or around the cervical spine with full range of motion. Right shoulder shows no tenderness palpation; however there is pain with range of motion. Right wrist has point tenderness palpation over the dorsal aspect. An examination of the lumbar spine shows stiffness with tenderness palpation of the facet joints. Patient is unable to perform range of motion. The diagnosis include cervical herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, left shoulder impingement syndrome, status post-surgery right shoulder, history of gastritis, insomnia, stress, anxiety, questionable depression. The assessment plan stated the injured worker was in the chronic phase of treatment. Regarding her right shoulder, she has shown subjective improvement in terms of pain with objective improvement in terms of tenderness and range of motion. As for the lumbar spine, she has not shown subjective improvement in terms of pain or objective improvement in terms of range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis for toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Criteria for Use of Urine Drug Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine toxicology (UDS)

**Decision rationale:** Pursuant to the Official Disability Guidelines, urinalysis for toxicology (UDS) is not medically necessary. UDS is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug screens is based on whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. In this case, urine drug screen was ordered on September 2, 2014. The results were not provided in the medical record nor is it clear if this testing was performed and completed. In the absence of UDS, the injured worker cannot be evaluated for low risk, intermediate risk or high risk status for drug misuse or abuse. There is no indication for repeating the urine drug screen three weeks after the initial request. Consequently, urinalysis for toxicology (UDS) is not medically necessary.

**Ortho shockwave for the left shoulder:** 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 Official Disability Guidelines (ODG): Shoulder Section, Extracorporeal Shockwave Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, extracorporeal shock wave therapy (ESWT) to the left shoulder is not medically necessary. ESWT is recommended for calcifying tendinitis but not for other shoulder disorders. The criteria for use of ESWT include, but are not limited to, patients whose pain from calcified tendinitis of the shoulder has remained despite six months of standard treatment and at least three conservative treatments have been performed prior to ESWT. In this case, the injured worker is suffering from cervical disc protrusion, lumbar disc protrusion, left shoulder impingement, lumbar radiculitis and cervical radiculitis in addition to myospasm. There is no documentation the injured worker is suffering from calcified tendinitis of the shoulder. A progress note dated July 24, 2014 lists left shoulder impingement syndrome as the malady affecting the shoulder. Consequently, absent the appropriate indication for ESWT, ESWT is not clinically indicated and not medically necessary.