

Case Number:	CM14-0167746		
Date Assigned:	10/15/2014	Date of Injury:	11/22/2013
Decision Date:	11/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 claimant was injured on 11/22/13. A consult with a spine surgeon and a urine drug screen are under review. She reportedly injured her head, face, neck, back, and left knee and had facial/dental trauma. She has attended physical therapy and chiropractic sessions. On 01/03/14, she complained of continuous neck pain radiating to her shoulders and arms and she had cracking in her neck, frequent headaches, and stiffness. Her pain level varied. She had pain in both shoulders that was continuous and radiated to her arms. Again her pain varied. She had continuous pain in the low back radiating to her left hip and leg with numbness and tingling. She has no bowel or bladder dysfunction. She reported pain in her left knee that was continuous and had depression/anxiety/insomnia. She had decreased range of motion, tenderness, and hypertonicity about the cervical spine, shoulders, and low back. Deep tendon reflexes and sensation were intact and she was mildly weak on the left side. She had mildly decreased strength in the left upper extremity. She was given Anaprox and a drug screen was normal. From 02/12/14 and ongoing she, she has had multiple symptoms. Some improvement was noted. An MRI of the lumbar spine on 03/24/14 showed a disc protrusion at an unknown level. On multiple dates, the specific details of her use of medications are not described. A urine toxicology screen was requested as part of a pain treatment agreement during opioid therapy. She was given hydrocodone 7.5/325 mg to take every 6 hours. She had a QME on 08/08/14 and has multiple complaints. Psychological evaluation was recommended. On 09/17/14, she was utilizing Anexsia on an as-needed basis and it relieved her pain from 9/10-5/10. She had begun physical therapy for the low back. She was also prescribed Kera-Tek gel. A urine drug screen was ordered. She was to continue chiropractic. A spine surgical consultation for the cervical and lumbar spine was recommended along with a psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with spine surgeon quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The history and documentation do not objectively support the request for a consultation with a spine surgeon. The MTUS state "referral for surgical consultation is indicated for patients who have:-Persistent, severe, and disabling shoulder or arm symptoms - Activity limitation for more than one month or with extreme progression of symptoms -Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term -Unresolved radicular symptoms after receiving conservative treatment. The specific indication for this type of referral has not been stated in the records and none can be ascertained from the file. There is no clear evidence of neurologic compromise on physical examination. It is not clear why surgery is being considered. The MRIs did not reveal a surgical lesion. The medical necessity of a spine surgery consultation has not been clearly demonstrated under these circumstances. Therefore the request is not medically necessary.

Toxicology-urine drug screen quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen. The MTUS state "drug tests may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that illegal drug use or noncompliance with recommended medication use is suspected. There is no evidence that the claimant may not be compliant with her medication use and a past drug screen was negative. It is not clear why a repeat drug screen has been requested. The specific indication for a repeat drug screen has not been described and none can be ascertained from the records. The medical necessity of this request for a repeat urine drug screen has not been clearly demonstrated. Therefore the request is not medically necessary.