

<b>Case Number:</b>	CM14-0175790		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 shoulder pain, neck pain, low back pain, headaches, and depression reportedly associated with an industrial injury of August 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multilevel cervical fusion surgery; earlier shoulder surgery; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report dated September 26, 2014, the claims administrator partially approved/conditionally approved a urine drug screen and partially approved/conditionally approved a psychiatry/psychology evaluation and treatment as a psychology evaluation alone. The applicant's attorney subsequently appealed. In an October 11, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had stopped taking Celebrex owing to issues with dyspepsia. The applicant was placed off of work, on total temporary disability. Celebrex was discontinued. The applicant was asked to employ Valium and Tramadol. The applicant was asked to consult a psychologist and to continue home exercises. The applicant's complete medication list, it is incidentally noted, was not attached. Drug testing dated September 4, 2014 was reviewed and did include quantitative testing on various opioid and benzodiazepine metabolites, including Diazepam. The attending provider apparently performed some sort of 'custom pain panel' which did include confirmatory and quantitative testing on many different metabolites. In a September 3, 2014 progress note, the applicant was described as having heightened complaints of anxiety and depression. A urine toxicology screen and psychological evaluation/treatment were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Other Urine Toxicological Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation 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 when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States of Department of Transportation (DOT) when performing testing, and eschew confirmatory and quantitative testing outside of the emergency department drug overdose context. In this case, the attending provider did perform confirmatory and quantitative testing outside of the emergency department drug overdose context, with no clear rationale as to why. The attending provider did not attach the applicant's complete medication list to the progress note or RFA form on which the drug test at issue was sought. It was not stated when the applicant was last tested. Since several ODG criteria for pursuit of testing were not met, the request is not medically necessary.

**Psych evaluation and Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405; 398 through 401.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, pages 398 through 401 do endorse a variety of psychological treatment modalities, including education, referral, exercise, stress management techniques, coping techniques, cognitive techniques, relaxation techniques, stress inoculation therapy, etc., ACOEM qualifies this recommendation by noting in Chapter 15, page 405 that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressor. In this case, the attending provider has seemingly sought authorization for open-ended psychological treatment/psychological counseling without any proviso to re-evaluate the applicant in the midst of treatment to ensure a favorable response to the same. The request, thus, as written, does not conform to ACOEM parameters. Therefore, the request is not medically necessary.

