

Case Number:	CM14-0022193		
Date Assigned:	05/09/2014	Date of Injury:	04/06/1989
Decision Date:	07/10/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 4/06/89. He was diagnosed with lumbosacral radiculopathy, cervical radiculopathy into right upper extremity, chronic myofascial pain syndrome, and thoracolumbar spine, myalgia and myositis, and derangement of right shoulder. Over the years he had been treated with trigger point injections, physical therapy, home exercises, oral pain medications including opioids, muscle relaxants, sleep aids, and cervical surgery. The most recent progress note seen prior to the request, was from 12/11/13, where the worker saw his primary treating physician, where he complained of constant intractable pain in his neck, upper back, and lower back as well as constant pain in his right shoulder with pain and numbness in his right arm. Physical exam revealed range of motion in the cervical spine was slightly to moderately restricted as well as the lumbar and thoracic spine. Tender points were noted along his paraspinal upper and lower back as well as gluteal muscles. Decreased sensation was noted in the L5 and S1 dermatomes, and the worker was unable to perform heel-to-toe gait due to pain. MRI right shoulder was requested for the worker following this time, but is not discussed in the plan sections of the notes provided around the time of the request. Over the course of his opioid treatment, he has done a number of urine drug screenings, including many confirmatory tests, approximately every 1-2 months, as seen in the documents provided. One comprehensive drug screen was performed on 1/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREENING (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-CRITERIA FOR USE Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Urine drug testing.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines do, however, state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. The Official Disability Guidelines (ODG) states that for those individuals at low risk, drug screening on a yearly basis is sufficient and for those at high risks 2-3 times per year. The MTUS Guidelines do not address urine chromatography testing. The ODG does address confirmatory drug testing in the form of follow-up chromatography. It states that follow-up chromatography testing are to be used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests, and are typically used when results of a test are contested. These confirmatory drug tests are generally not required when there is no evidence of non-prescribed substances. Confirmatory drug testing should be considered when all sample testing has been negative for prescribed drugs, all positive for non-prescribed opioids, and all samples positive for illicit drugs. In the case of this worker, many drug tests were performed including many confirmatory liquid chromatography mass spectrometry tests, but with no evidence of the worker warranting this amount of testing. No evidence was seen for him being high risk. Based what has been documented in the progress notes provided for review, it appears that this worker only warranted one basic screening yearly urine drug test and not a comprehensive panel every 1-2 months. Therefore the urine drug screening is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that special testing such as magnetic resonance Imaging (MRI) for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and

observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even in cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder includes "1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment (American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)." In the case of this worker, he doesn't seem to meet the criteria for MRI testing based on the documents that were provided for review. Neither the patient's complaints nor the physical examinations done prior to the request show any evidence of any red flags or significant change in the worker's right shoulder symptoms to warrant an MRI. Therefore, the MRI right shoulder is not medically necessary.