

Case Number:	CM14-0024818		
Date Assigned:	06/20/2014	Date of Injury:	01/09/2013
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 pain and headaches reportedly associated with an industrial injury of January 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a follow-up visit every four to six weeks and also denied a urine drug screen. Despite the fact that the MTUS addressed the topic, the claims administrator exclusively cited non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In progress note of August 20, 2013, the applicant was placed off of work, on total temporary disability. Physical therapy, Voltaren, and MRI imaging were endorsed. In a November 19, 2013 progress note with a different primary treating provider, the applicant was again placed off of work, on total temporary disability. The applicant presented with 7-8/10 mid back pain, neck pain, low back pain, and headaches. Topical compounds and dietary supplements were endorsed. Authorization for a follow-up visit every four to six weeks and drug testing were seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screen.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 43, Drug Testing topic. 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 the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state when the last time an applicant was tested, attach an applicant's complete medication list to the request for testing, and clearly state which drug tests and/or drug panels he intends to test for. In this case, however, these criteria were not met. The attending provider did not state when the last time the applicant was tested. The attending provider did not state what drug tests and/or drug panels were being sought, nor did the attending provider attach the applicant's complete medication list to the request for authorization for testing. Therefore, the request is not medically necessary.

Follow up every 4-6 weeks.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines, office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: While the MTUS Adopted ACOEM Guidelines in Chapter 8, page 177 stipulates that the frequency of follow-up visits should be determined by an applicant's work status, in this case, however, the request is imprecise. The treating provider has seemingly sought authorization for open-ended office visits for the duration of the claim as opposed to assessing the applicant's need for follow-up office visits with each successive visit. This is not indicated. Therefore, the request is not medically necessary.