

Case Number:	CM14-0047675		
Date Assigned:	07/02/2014	Date of Injury:	07/19/2013
Decision Date:	08/26/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 patient is a 46-year-old female who has submitted a claim for brachial neuritis/radiculitis, and thoracic/lumbar neuritis/radiculitis; associated with an industrial injury date of 07/19/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain radiating to the lower back, and bilateral shoulder pain radiating to the hands and fingers. Pain is rated 5-6/10. Physical examination showed tenderness and spasm over the lumbar paravertebral muscles. Limitation of cervical and lumbar ranges of motion was noted. Left shoulder depression test was positive. Straight leg raise test was positive on the right. Treatment to date has included medications, and physical therapy. Utilization review, dated 04/08/2014, modified the request for office visits to evaluate response to provided treatments; and modified the request for drug screen to evaluate compliance with the treatment regimen and monitor drug use, as well as assess for the use and presence of illegal drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

office visits modified to office visit x1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: Pages 127 and 156 of the CA MTUS ACOEM Independent Medical Examinations and Consultations state that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Guidelines also state that a referral request should specify the concerns to be addressed in the independent of expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. In this case, there were no reports of acute pain exacerbation, or pain not amenable to oral medications. The medical records did not reveal uncertainty or complexity of issues on pain management. Furthermore, there was no indication of failure of current therapies for the patient's pain problems, which may warrant a referral to a pain management specialist. There is no clear rationale for the requested service. Therefore, the request is not medically necessary.

Drug screen modified to certify 10 panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed with inconsistent results x1.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'low risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there is an absence of psychiatric comorbidity. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the patient can be classified as 'low risk' due to absence of psychiatric comorbidity. Urine drug screening has been performed on 02/05/2014 prior to initiating opioid therapy. Guidelines recommend urine drug testing within six month of initiation of therapy. Therefore, the request is medically necessary.