

<b>Case Number:</b>	CM14-0048620		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/24/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Internal 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 59 year old male who was injured on 04/29/2009. The mechanism of injury is unknown. Prior medication history included Naproxen sodium 550 mg, Omeprazole 20 mg and Tramadol 50 mg. Prior treatment history has included physical therapy and home exercise program. Office note dated 02/24/2014 states the patient complained of continued pain in his cervical spine rated as 7/10; lumbar spine rated as 7/10 and right knee rated as 8/10. On exam, he has limited range of motion of the cervical spine with myospasms noted. There is tenderness to palpation in the left paravertebral muscles. There are sensory deficits noted in the left upper extremity and the right knee revealed the patient presented with complaints of. The patient is diagnosed with cervical strain with radicular complaints, discopathy with stenosis at C5-C6, C6-C7; bilateral knee sprain/strain; left shoulder bicipital tendonitis and degeneration of supraspinatus tendon; and left elbow medial epicondylitis. He was recommended for a toxicology screen because during the course of his work, he was exposed to toxic substances. He was prescribed Tramadol HCL 50 mg and Omeprazole 20 mg. Prior utilization review dated 03/06/2014 states the request for Toxicology Consultation is denied as there is no clear rationale documented for this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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), 2ndEdition, (2004) Chapter 7 Independent Medical Examinations and Consultations pages 503-524.

**Decision rationale:** The guidelines recommend follow up visits and consultations as deemed necessary by the treating physician. The clinical documents should clearly identify the indication for referral or follow up. The documents provided show the patient has had exposure to potentially toxic substances including Rayon and dust. However, the clinical documents did not provide signs/symptoms which were concerning for the treating provider of toxicity. The clinical notes did not adequately discuss the indication for toxicology consultation. It is not clear how toxicology consultation would change management at this time given the patient does not appear to have any signs/symptoms of toxicity. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.