

Case Number:	CM14-0050732		
Date Assigned:	07/07/2014	Date of Injury:	01/05/2010
Decision Date:	08/06/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female with a reported injury on 01/05/2010. The mechanism of injury was not provided. The injured worker had an examination on 03/04/2014 with complaints of neck pain rated at 7/10, and of low back pain rated at 9/10. The injured worker reported radiating symptoms of the cervical spine to hands as well as radiation of the symptoms from the lumbar spine to the hips and into the left foot and heel. It was reported that the injured worker was currently doing a home exercise program, although there were no specifics or efficacy of the exercise program provided. There was no list of the medications provided. The diagnoses provided were status post left carpal tunnel release on 10/04/2013, cervical disc syndrome, right carpal tunnel syndrome, lumbar disc syndrome, and left knee internal derangement. The recommended plan of treatment was a surgical spine consultation and a urine toxicology screen. There is no mention of a 2D echo with a doppler echocardiogram in this report. The request for authorization was signed and dated for 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 78 Page(s): 78.

Decision rationale: MTUS Guidelines do state that the urine toxicology should be for the ongoing monitoring of opioids to determine any potential aberrant or nonadherent drug-related behaviors. The use of drug screening is to determine the issues with abuse, addiction, or poor pain control, or the misuse of medications. There was no list of medications provided so it is unknown if the injured worker is on opioids at this time. Therefore, the request for the urine toxicology screen not medically necessary.

2D Echo with Doppler: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed., P. 261. - ACC/AHA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.mayoclinic.org/tests-procedures/echocardiogram/basics/why-its-done/prc20013918.

Decision rationale: The MayoClinic.org website on echocardiograms with a doppler, states it is used if the doctor suspects problems with the valves or chambers of the heart or the heart's ability to pump. Doppler techniques are used in most transthoracic or transesophageal echocardiograms and they can check blood flow problems and blood pressures in the arteries of the heart. There is no evidence of any heart problems or issues in this medical review. There was no mention of a 2D echo doppler within the review. Therefore, the request is not medically necessary.