

Case Number:	CM14-0052663		
Date Assigned:	07/07/2014	Date of Injury:	09/23/2008
Decision Date:	08/06/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 39-year-old female with a 9/23/08 date of injury. At the time (4/8/14) of request for authorization for referral to a general orthopedist and urine drug screen, there is documentation of subjective (7/10 cervical spine pain that radiates to upper back shoulders and decreases with medications, 8/10 thoracic spine pain, 8/10 lumbar spine pain, 7/10 bilateral wrist pain, 8/10 bilateral hip pain, and 8/10 bilateral knee pain) and objective (cervical paravertebral and trapezius tenderness and decreased range of motion with pain) findings, current diagnoses (thoracic spine sprain/strain, cervical spine disc protrusion, lumbar spine disc protrusion, wrist cyst, bilateral hip sprain/strain, bilateral ankle tendinitis), and treatment to date (medications (including ongoing treatment with Tramadol)). Regarding referral to a general orthopedist, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a general orthopedist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

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) Independent Medical Examinations and consultations, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of thoracic spine sprain/strain, cervical spine disc protrusion, lumbar spine disc protrusion, wrist cyst, bilateral hip sprain/strain, and bilateral ankle tendinitis. However, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for referral to a general orthopedist is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of urine drug screen. Within the medical information available for review, there is documentation of diagnoses of thoracic spine sprain/strain, cervical spine disc protrusion, lumbar spine disc protrusion, wrist cyst, bilateral hip sprain/strain, bilateral ankle tendinitis. In addition, there is documentation of ongoing treatment with Tramadol. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.