MAXIMUS Federal Services

Case Number:	CM14-0075216		
Date Assigned:	07/16/2014	Date of Injury:	04/28/2010
Decision Date:	09/03/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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 and Rehabilitation, and is licensed to practice in Georgia. 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 50 year old female who was injured on 04/28/2010 after being involved in a motor vehicle collision while driving a school bus. Prior and current medication history include Neurontin, Norco, and Topamax. Cervical disc replacement and arthroplasty at C5-C7 were completed on 01/06/2011. Anterior lumbar discectomy and fusion at L3-L4, L4-L5, and L5-S1 were performed on 06/19/2012.Patient reportedly received trigger point injections performed 10/30/2013.The patient underwent SI joint fusion and removal of lumbar fusion hardware on 12/19/2013. She has receive trigger point injections with 50% pain improvement and 20% improvement for lower extremity pain under fluoroscopy.X-ray of the cervical spine dated 12/04/2013 revealed evidence of previous cervical spine surgery with disc replacement. No other studies were available for review. Progress report (PR) dated 03/31/2014 stated the patient presented with complaints of aching, soreness pain with movement and numbness. She described it as shooting and severe; rating it as 4-5/10 and 9/10 with numbing. The pain was located in the right proximal inner forearm, anterior aspect of right shoulder, right outer arm, right distal inner arm and right mid inner forearm. The patient also reported cervical pain and back stiffness with numbness in the right and left arm, numbness in the right and left leg and pain. Her back pain was rated as 7-10. She reports increased neuropathic pain postoperatively.Review of medical records dated 04/12/2014 noted the patient was having increased right sciatica. She reported the pain was making it more difficult for her to walk. She was reporting problems with her left shoulder and upper extremity. Difficulty was reported with overhead activities even with lifting her left arm. Dysesthesias were reported down the right leg with some tension signs. X-ray showed sacroiliac screws in place without signs of failure. Recommendation was made for return to physical therapy. PR from 06/30/2014 stated that the patient was experiencing aching, soreness, pain with movement, and numbness. Symptoms

described as "acute, painful, tingling, sharp and shooting, pins and needles, shooting and severe" in nature. Pain was rated as 4-5/10 and 9/10 with associated numbing. Location unchanged from 03/31/2014 progress report. She also noted cervical and thoracic back complaints, and with complaints related to her low back.Prior utilization review dated 05/15/2014 states the request for POC UDT Request form; Millennium ODT RADAR report is not authorized as it is not consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

POC UDT Request form; Millennium ODT RADAR report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Urine drug testing.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) recommend drug testing as an option, using a urine drug screen (UDS), to assess for the use or the presence of illegal drugs. Regarding ongoing management of chronic pain, MTUS recommends the use of drug screening with abuse, addiction, or poor pain control. The Official Disability Guidelines (ODG) recommends urine drug testing (UDT) as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. UDT is recommended to be used in conjunction with other clinical information including clinical observation, addiction screening results, pill counts, and prescription drug monitoring reports. In the provided clinical documentation, the progress note most immediately preceding the prior UR was dated 3/31/2014. In that progress report, Dr. King notes a UDS was ordered. There is no mention of a request for an oral drug test/screen, why the plan for a UDT was changed to an oral drug test, or even that there was a change in plans.Given that the guidelines and criteria noted above, and given the lack of clinical documentation demonstrating evidence based rationale for the change from a planned UDT to ODT, the request is deemed not medically necessary.