MAXIMUS Federal Services

Case Number:	CM14-0077790		
Date Assigned:	07/18/2014	Date of Injury:	03/05/2013
Decision Date:	09/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Practice 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:

A 58 yr. old male claimant sustained a work injury on 3/5/13 involving the neck and shoulders. He was diagnosed with a cervical and bilateral shoulder impingement and rotator cuff tears. He underwent spinal decompression therapy and chiropractor therapy. A progress note on 1/29/14 indicated the claimant had continued pain in the neck and shoulders. He had been using oral and topical analgesics. Examination was notable for cervical spine spasms and tenderness to palpation of the shoulders. Trigger point injections were recommended. He had subsequently undergone neurostimulation as well to mange chronic pain. A progress note on 4/16/14 indicated the claimant's urine drug screen was consistent with medications taken. Examination at the time was notable for 6/10 pain while on opioids and muscle relaxants. There were continued spasms, pain and limited range of motion in the neck and shoulders. A request was made for additional urine drug screens and a pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation with a pain management specialist (medications): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Specialist and pg 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis if uncertain, extremely complex , when psychosocial factors are present , or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the cause of pain and diagnosis is clear. There have been numerous interventions performed. There is no indication that a pain specialist can offer additional expertise beyond the surgeries, injections, medications and therapies provided. The request is not medically necessary.

Urine Toxicology test (prospective): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 90-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Prior tests were consistent with medications taken. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Urine Toxicology test (retrospective): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 90-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. Based on the above references and clinical history a urine toxicology screen was not medically necessary as performed in April 2014.