

Case Number:	CM14-0087540		
Date Assigned:	07/23/2014	Date of Injury:	08/20/2009
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 injured worker is a 55-year-old male who reported an injury on 08/20/2009. The mechanism of injury was not specifically stated. The current diagnoses include status post left shoulder surgery with large double rotator cuff repair, postoperative adhesive capsulitis of the left shoulder, left ulnar neuritis, status post left carpal tunnel release, status post left shoulder manipulation under anesthesia, and status post ACDF. The injured worker was evaluated on 04/29/2014 with complaints of 5/10 neck pain and increasing tingling and numbness in the left upper extremity. It is also noted that the injured worker was recently evaluated at the crisis center with an acute psychiatric anxiety attack. The injured worker underwent counseling. Previous conservative treatment also includes postoperative physical therapy. The current medication regimen includes Norco. Physical examination on that date revealed tenderness in the cervical paraspinal and left trapezium, slight muscle spasm, limited cervical range of motion, and decreased sensation in the left upper extremity. Treatment recommendations included authorization for a psychiatric evaluation and treatment, physical therapy, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the injured worker does utilize opioid medication. While it is noted that the injured worker demonstrated abnormal results on a 02/18/2014 urine drug screen, the attending provider noted that the injured worker was off of his medication regimen in preparation for neck surgery at the time. There is no documentation of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the medical necessity for the requested repeat testing has not been established. As such, the request for Urine drug screen is not medically necessary.

Psychiatric evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The California MTUS Guidelines state psychological evaluations are recommended. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. As per the documentation submitted, it was noted that the injured worker was recently evaluated at the crisis center for an acute anxiety attack. However, there was no recent psychological evaluation submitted for this review. Therefore, the medical necessity has not been established. There was also no documentation of any previous attempts made with pharmacologic and non-pharmacologic treatments to address any psychological issues prior to the request for a specialty consultation. Based on the clinical information received, the request for Psychiatric evaluation is not medically necessary.