

Case Number:	CM14-0000197		
Date Assigned:	01/24/2014	Date of Injury:	01/01/1990
Decision Date:	04/06/2015	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 57 year old female with an industrial injury dated 11/01/1976 through 03/10/2010 from cumulative trauma. Her diagnoses include cervicgia, displacement of the cervical intervertebral disc without myelopathy, cervical radiculopathy and neuritis, disorders of the bursae and tendons in the right shoulder region, osteoarthritis localized primarily in the right shoulder, myalgia, and multilevel cervical neuroforaminal narrowing. Recent diagnostic testing has included a MRI of the cervical spine (07/09/2012) showing multiple levels of disc height loss, disc desiccation and disc protrusions. Previous treatments have included conservative measures, medications, physical therapy, injections, shock wave therapy, and psychological treatments. In a progress note dated 11/26/2013, the treating physician reports constant neck pain radiating to the occipital area of the head which was described as aching, tight and stiff with a pain rating of 7-8/10, occasional weakness in the right arm and hand, headaches, and constant low back pain (bilaterally) that radiates to the right hip and right lower extremity which was described as aching and stabbing with a pain rating of 7/10. Other complaints included sleep disturbances, depression, weight gain, decreased strength, and decreased energy levels. The objective examination revealed tenderness to palpation of the right shoulder with restricted range of motion on the right, abnormal sensory findings in the bilateral upper extremities in relation to the cervical spine, motor deficits bilaterally, tenderness to palpation of the cervical musculature and spine, decreased range of motion in the cervical spine, and cervical muscle spasms. The treating physician is requesting a urinalysis, psychological evaluation, a cold unit, and tramadol which were denied by the utilization review. On 12/18/2013, Utilization Review non-certified a

request for urinalysis, noting that there was no documentation that the injured worker was taking opioid medications at the time of the request. The MTUS guidelines were cited. On 12/18/2013, Utilization Review non-certified a request for psychological evaluation, noting the limited information/evidence of initial or conservative efforts specifically directed at the injured worker's psychological symptoms. The ACOEM guidelines were cited. On 12/18/2013, Utilization Review non-certified a request for 1 cold unit, noting that this modality is recommended for the shoulder after surgery, but is not recommended or indicated for the cervical spine. The ODG guidelines were cited. On 12/18/2013, Utilization Review non-certified a prescription for tramadol , noting that the injured worker had been using opioid medications on a long term basis without documented objective functional improvement or reduction in pain. The MTUS guidelines were cited. On 12/27/2013, the injured worker submitted an application for IMR for review of urinalysis, psychological evaluation, 1 cold unit, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under the California MTUS Guidelines, although scheduled or random urine drug screens are supported for injured workers who are utilizing opioids, the injured worker in question was not noted to have been utilizing any current opioids to necessitate undergoing a urinalysis. Additionally, there was no indication the injured worker would be undergoing a surgical procedure necessitating a urinalysis as a preoperative measure. Therefore, the request is not deemed medically necessary.

Psychological Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the California MTUS Guidelines, without indication that the injured worker had any current psychological issues to include major depression, suicidal ideation, or any other significant indications to necessitate psychological evaluation prior to further treatment, and overall with a lack of current clinical documentation of a comprehensive examination citing psychological issues and response to conservative measures, or that the injured worker would be undergoing a trial of opioids, the requested service is not deemed medically necessary.

1 Cold Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173-174, 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper Back (Acute & Chronic), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter Continuous Flow Cryotherapy.

Decision rationale: According to the Official Disability Guidelines, cold therapy units are recommended only as a postoperative treatment up to 7 days, including home use. There was no indication the injured worker was undergoing any type of surgical procedure necessitating the use of a postoperative cold unit. Additionally, the physician has failed to indicate a frequency and duration for the use of this equipment. Therefore, the request is not supported and is not medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California MTUS Guidelines, although the injured worker may necessitate the use of a stronger medication such as tramadol, prior indication has stated that she was not receiving sufficient symptom relief from the use of other narcotics to include Norco. There were no clinical documentations providing a more thorough overview of her current pathology or medical necessity for the use of tramadol or other opioids. Lastly, the physician has failed to the milligram as well as total number of tablets to be dispensed to the injured worker. Therefore, the request cannot be supported and is not medically necessary.