

<b>Case Number:</b>	CM14-0196237		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 36 year old male with an injury date of 04/23/10. As per progress report dated 10/09/14, the patient complains of pain in neck, low back, bilateral groin, bilateral wrist, and bilateral shoulders along with headaches. The patient rates the intermittent neck pain at 5/10. The pain radiates to bilateral shoulders to produce a constant pain rated at 6/10. The constant low back pain radiates to the lower extremities and is rated at 8/10. The patient also has constant wrist pain along with numbness and tingling in both hands. Physical examination of the cervical spine reveals nonspecific muscle tenderness along with positive straight leg raise bilaterally. The patient has received chiropractic treatments and physical therapy, as per the same progress report. The patient is currently not working, as per progress report dated 10/09/14. MRI of the lumbar spine, 05/18/13, as per progress report dated 10/09/14: 2 - 3 mm posterior disc bulge at L5-S1. MRI of the cervical spine (date not specified), as per progress report dated 10/09/14: 1 - 2 mm disc bulges at C2 through C6. MRI of the right shoulder, 05/18/13, as per progress report dated 10/09/14:- Supraspinatus tendinitis- Infrapinatus tendinitis- Subscapularis tendinitisMRI of the left shoulder, 05/18/13, as per progress report dated 10/09/14: - Subchondral cyst seen within the humeral head- Supraspinatus tendinitis- Infrapinatus tendinitis- Subscapularis tendinitisDiagnoses, 10/09/14:- Pain disorder- Psychogenic rheumatism- Pelvic pain, rule out inguinal herniaThe treater is requesting one ultrasound of the inguinal region and four qualitative urine drug screens. The utilization review determination being challenged is dated 10/29/14. The rationale follows: (a) One ultrasound of the inguinal region - this request has been certified. (b) Four qualitative urine drug screens - "The patient is not currently receiving any opioid medication. Therefore utilization of a urine drug screen is not indicated at this time." Treatment report was provided for the date 10/09/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One ultrasound of inguinal region:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Hernia, Imaging

**Decision rationale:** The patient presents with pain in neck, low back, bilateral groin, bilateral wrist, and bilateral shoulders along with headaches, rated at 5-8/10, as per progress report dated 10/09/14. The request is for one ultrasound of the inguinal region. ODG Guidelines, chapter 'Hernia' and topic 'Imaging', states that "Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated." The Guidelines also state that "Clinically obvious hernias do not need ultrasound confirmation, but surgeons may request ultrasound for confirmation or exclusion of questionable hernias or for evaluation of the asymptomatic side to detect clinically occult hernias." In this case, the patient suffers from bilateral groin pain. In progress report dated 10/09/14, the treater states that the patient is very tender in the inguinal area without any mass. The request for ultrasound is to "rule out hernia or other pathology that may be responsible for groin pain." ODG guidelines also support the use of ultrasound for the diagnosis of groin hernias. Therefore, the request is medically necessary.

**Four qualitative urine drug screens:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing

**Decision rationale:** The patient presents with pain in neck, low back, bilateral groin, bilateral wrist, and bilateral shoulders along with headaches, rated at 5-8/10, as per progress report dated 10/09/14. The request is for four qualitative urine drug screens. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for

inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders."Only one progress report, dated 10/09/14, is available for review. The treater did not prescribe any medications during this evaluation. However, a review of prior reports presented in the 10/09/14 report indicates that the patient started on Ultram (opioid on 11/16/10). The Request for Authorization form states that the patient has been receiving opioids "every 60 days." While this warrants for routine urine drug screening, the treater does not document risk assessment on this patient's opiate use. No prior UDS reports are available for reference. Hence, 4 urine toxicology tests would appear excessive and uncalled for. Given the lack of pertinent information, this request is not medically necessary.