

Case Number:	CM14-0200254		
Date Assigned:	12/10/2014	Date of Injury:	04/12/2013
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, 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:

This 47 year old male was a transport loader when he sustained a repetitive work injury on April 12, 2013. The injured worker reported neck and center of right back problems. The diagnoses and results of the injury included cervical, thoracic, and shoulder strains. Prior treatment included x-rays, MRIs, oral and topical medications, medical foods, ice, home exercises, physical therapy, chiropractic therapy, and acupuncture. On March 20, 2014, a MRI of the cervical spine revealed a non-specific straightening of lordosis, spondylosis of the cervical 6-7 (C6-7) with endplate changes and a bulging disc, and disc desiccation throughout the cervical spine. On March 20, 2014, a MRI of the left shoulder revealed acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendonitis, and bicipital tenosynovitis. On September 30, 2014, the pain management physician noted left shoulder pain, carpal tunnel symptoms of both hands, and plantar fasciitis symptoms of the right foot. The injured worker had difficulty sleeping due to the bilateral hand pain. The injured worker had moderate pain with medication and severe pain without medication. The physical exam was unchanged from the previous exams. The pain management physician noted the injured worker had continued limited range of motion of the left shoulder, and that he was going to physical therapy. In addition, the pain management physician urine drug screen from August 18, 2014 was negative for all medications. Diagnoses were left shoulder impingement syndrome, left shoulder pain, cervical sprain/strain, neck pain, myofascial syndrome, and diabetes. The physician recommended adjustment of medical foods, a urine drug screen, topical pain medication, and a request of an acromioclavicular joint and shoulder steroid injection. Current work status was not provided. On November 3, 2014, the physical therapist noted the injured worker reported the neck was quite a bit better; numbness was almost never a problem, and lateral shoulder pain with abduction and with pressure to shoulder while sleeping. The physical exam revealed posture with rounded shoulders and

forward head lean with increased muscle guarding, tenderness to palpation along the trapezius, rhomboids, and latissimus dorsi muscles, intact sensation, and mildly decreased range of motion of the neck and left shoulder with guarded end feel. On November 12, 2014, Utilization Review non-certified the retrospective request for 1 molecular testing. The molecular testing was non-certified based on lack of evidence of probable misuse of present controlled substances that would establish medical necessity. There was no documentation of possible red flags of misuse such as decreased function, observed intoxication, negative affective state, or failure to keep appointments. The California Medical Treatment Utilization Schedule (MTUS) Guidelines for Neck and Upper Back Complaints, Shoulder Complaints, and Chronic Pain Medical Treatment Guidelines for Drug Testing, and the ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), online edition, for Urine Drug Testing (UDT) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Molecular Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of left shoulder impingement syndrome, left shoulder pain, cervical sprain/strain, neck pain, myofascial syndrome, and diabetes. In addition, there is documentation of a request for urine drug screen to assess medication compliance and to identify possible drug diversion. However, there is no documentation of on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Molecular Testing is not medically necessary.