

Case Number:	CM14-0207803		
Date Assigned:	12/19/2014	Date of Injury:	01/06/2014
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 35 year old male with an injury date of 01/06/14. Based on the 10/16/14 progress report, the patient complains of low back pain which he rates as a 7/10 without medications and a 3-4/10 with medications. His low back pain is associated with radiating pain, numbness, and tingling in both lower extremities, more on the right side. The patient has left knee dull aching pain which he rates as a 4-5/10 without medications and a 3/10 with medications. He rates his left wrist/hand pain as a 3/10 and describes it as being dull and aching. The patient has loss of sleep due to pain and a guarded gait. In regards to his lumbar spine, there is tenderness and myospasm palpable over the bilateral paralumbar muscles. Tenderness is palpable in both sciatic notches. The patient has a positive Braggard's test and a positive straight leg raise bilaterally, causing low back radiating to posterior thigh. He has a decreased lumbar range of motion in all planes. Palpation reveals tenderness in the left wrist/hand. The patient has a decreased range of motion, a positive Tinel's, and a positive Phalen's. Palpation reveals tenderness on the medial/lateral knee joint lines of the left knee and he has a decreased range of motion. The patient's diagnoses include the following: 1) lumbar disc displacement with radiculopathy 2) lumbar radiculopathy 3) lumbar spine sprain/strain 4) carpal sprain/strain 5) hand sprain/strain 6) carpal tunnel syndrome 7) knee internal derangement 8) knee sprain/strain 9) insomnia. The utilization review determination being challenged is dated 11/14/14. There was one treatment report provided from 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation & evaluation (left wrist): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127 Official Disability Guidelines: Evaluation and Management

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with low back pain, left knee pain, left wrist/hand pain, and loss of sleep due to pain. The request is for an Orthopedic Consultation and Evaluation (Left Wrist). The utilization review denial rationale is that "there is no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice in regard to the left wrist." ACOEM Practice Guidelines, second edition of (2004), page 127 has the following, "Occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan of course of care may benefit from additional expertise." In this case, the treater does not provide a reason for this request. The patient has chronic left wrist pain. An orthopedic consultation for his left wrist appears reasonable for the patient's continued complaints. The requested orthopedic consultation for the left wrist is medically necessary.

(Retro) DOS 10/16/14 urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

Decision rationale: The patient presents with low back pain, left knee pain, left wrist/hand pain, and loss of sleep due to pain. The retrospective request is for a Urine Drug Screen (DOS 10/16/14). The utilization review denial rationale is that "there is no documentation of a new patient who is already receiving a controlled substance or when chronic opioid management is considered or that the patient has specifically asked for a specific drug, particularly with high abuse potential or the patient has a positive or 'at risk' addiction screen on evaluation or aberrant behavior or misuse is suspected or detected." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. The patient is currently taking Tramadol an Omeprazole. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on

tramadol, and monitoring of the opiate with once yearly UDS is recommended per guidelines. Therefore, the requested urine drug screen is medically necessary.