MAXIMUS Federal Services

Case Number:	CM14-0210508		
Date Assigned:	12/23/2014	Date of Injury:	08/01/2009
Decision Date:	07/30/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female with an industrial injury dated 10/01/2008 - 06/22/2010; 08/01/09; 12/04/2009. The mechanism of injury is documented as cumulative trauma while performing her usual and customary job duties as a certified nursing assistant. On 08/01/2009 as she was leaving the building her left finger was caught in the door handle and twisted her hand and wrist. She also notes on 12/04/2009 she fell and twisted both knees resulting in pain in shoulders, wrists, hands, cervical, thoracic and lumbar spine. Comorbid diagnoses include diabetes, hypertension, kidney cancer and fibromyalgia. Prior treatment included x-rays of left hand, wrist and left pinky (fractured pinky and sprain of wrist and hand), splint, sling, home exercise, lumbar support brace, topical cream, hot/cold packs, physical therapy. She presents on 10/29/2014 with complaints of constant pain in the cervical spine, bilateral shoulder pain, bilateral hand wrist pain, thoracic spine pain, lumbar spine pain, and bilateral knee pain all rated 7-8/10 and pain in left pinky finger rated as 6/10. She states she is currently experiencing difficulty with activities of daily living such as performing light house work, making a meal, shopping, running errands, dressing and undressing. She also relates sudden changes in mood, anxiety, depression and irritability. Physical exam of the cervical spine revealed diffuse tenderness from cervical 1-7. Range of motion was decreased. Sensation in bilateral upper extremities was within normal limits. Lumbar spine exam demonstrated lumbar spine tenderness from lumbar 1-sacral 1 with decreased range of motion. Gait was normal. MRI (done on 06/28/2011) of the lumbar spine showed a 3 mm disc bulge at lumbar 4-5 and a 4 mm disc bulge at lumbar 5- sacral 1. EMG/NCS were also done however the results are not in the submitted records. MRI results are taken from 10/29/2014 note as formal report

is not in the submitted records. Treatment plan included pain management referral, MRI of the cervical spine and urine drug testing. The treatment request is consultation with pain management and urine drug testing. The request from MRI of the cervical spine is authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [redacted]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6, pages 112-114.

Decision rationale: The cited guidelines support referral to pain consultation when conservative treatment has not been successful, there is no planned surgical intervention pending and the patient is experiencing worsening of pain symptoms that is impacting functional capacity. ACOEM, Chapter 6, page 114 states, in pertinent part: "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability." The guidelines also state that physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) specific clinical findings suggest undetected clinical pathology. 2) Appropriate active physical therapy does not appear to be improving function as expected. 3) The patient experiences increased pain, or at the very least, pain does not decrease come over time. Considering the provided records and cited guidelines, referral for pain medicine consultation is medically necessary.

Urine Drug Testing: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The IW is being referred to pain management and a urine drug screen has been requested for routine screening. According to MTUS, urine drug screening or testing, is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Discussion supporting routine UDS (urine drug screen) is further mentioned in "Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids", prior to starting the patient on a new pain control management including starting opioids, a baseline UDS should be obtained. The IW is being referred for pain management consultation and will need a baseline UDS to rule out abuse of illicit substances prior to initiating a new pain protocol. Considering that the IW is taking short-acting opioids for a long term basis risk for dependence

and/or abuse is increased, therefore routine screening is medically necessary intermittently even if there are no clearly reported risks for abuse or dependence.