

Case Number:	CM15-0002279		
Date Assigned:	01/13/2015	Date of Injury:	09/01/2011
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old male who reported an injury on 09/01/2011 due to twisting in the wrong direction. On 12/03/2014, he presented for a consultation. He reported cervical spine pain rated at a 7/10 that radiated into the left shoulder blade and up to the tip of the head, bothering the jaw and left shoulder. It was stated that, on 04/03/2013 and 04/25/2013, he underwent a 2 part lumbar spine surgery. His medications at the time of the visit included, Atorvastatic, Creon, Lyrica, hydrocodone, Omeprazole, and tizanidine. A physical examination showed that he had midline with decreased normal lordotic curvature. There was moderate tenderness to palpation with spasm noted over the cervical paravertebral musculature extending to the left trapezius muscle, as well as focal tenderness to palpation over the C3-7 on the left. Range of motion was documented as 20 degrees bilaterally with flexion, extension to 12 degrees bilaterally, lateral flexion on the right at 30 degrees, on the left 20 degrees, and rotation to 60 degrees bilaterally. There was left shoulder pain noted in the acromioclavicular joint on the left. Range of motion on the right shoulder was noted to be decreased with abduction and forward flexion to 160 and internal and external rotation to 80 degrees. Muscle strength was a 5/5 and upper extremity reflexes were 2+. He was diagnosed with cervical disc disease and cervical facet syndrome. The treatment plan was for a urine drug screen and cervical traction unit. The Request for Authorization form was signed on 12/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

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

Decision rationale: The California MTUS Guidelines indicate that urine drug screening is for those with issues of abuse, addiction, or poor pain control during opioid or narcotic medication management. Based on the clinical documentation submitted for review, the injured worker was not noted to have any signs and symptoms of aberrant drug taking behaviors or poor pain control and was not noted to be at high risk for opioid addiction or misuse or abuse to support the request for a urine drug screen. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Cervical Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction.

Decision rationale: The request for Cervical Traction Unit is not supported. The Official Disability Guidelines recommend traction for those with radicular symptoms in conjunction with a home exercise program. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine. However, there is a lack of documentation showing that he has any signs and symptoms indicating radiculopathy. In addition, the documentation provided does not indicate that he is currently undergoing a home exercise program. Furthermore, further clarification is needed whether the cervical traction unit is being requested as a purchase or rental. Given the above, the request is not medically necessary.