

Case Number:	CM15-0146706		
Date Assigned:	08/07/2015	Date of Injury:	06/10/2009
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48-year-old female who sustained an industrial injury on June 10, 2009 resulting in radiating upper and lower back pain. She was diagnosed with myofascial pain syndrome, depression, and anxiety. Documented treatment has included ice, physical therapy, acupuncture, spinal cord stimulator, home exercise and medication. The injured worker continues to present with chronic pain and reported symptoms of anxiety and depression. The treating physician's plan of care includes consultation with a psychiatrist and interventional pain management consultation to manage her spinal cord stimulator. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screening is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, 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. In this case, the injured worker's working diagnoses are internal derangement right knee; right shoulder tendinitis/tendinopathy/calcific tendinitis; complex regional pain syndrome right lower extremity; right wrist pain, derivative; and reactive depression. The date of injury is June 10, 2009. Request for authorization is June 25, 2015. According to a June 30, 2015 progress note, subjectively the injured worker has complaints of right shoulder pain, knee pain, wrist and hand pain. The spinal cord stimulator implanted January 2011 provides relief of neuropathic symptoms. Objectively, there is tenderness to palpation on the shoulder swelling of the right shoulder. Range of motion is decreased. Utilization review states the injured worker's prior #2 urine drug toxicology screens were inconsistent with hydrocodone not present in the UDS despite documentation with prescriptions. Additionally, there is a checkbox indicating the injured worker is high risk and requires monthly urine drug toxicology screens. There is no documentation in the medical record indicating aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a urine drug toxicology screen. Consequently, absent clinical documentation of high-risk drug-related behavior, aberrant drug-related behavior, drug misuse or abuse, urine toxicology screening is not medically necessary.

Consultation with follow-up with a psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, consultation with follow-up with psychiatrist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for

certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are internal derangement right knee; right shoulder tendinitis/tendinopathy/calcific tendinitis; complex regional pain syndrome right lower extremity; right wrist pain, derivative; and reactive depression. The date of injury is June 10, 2009. Request for authorization is June 25, 2015. According to a June 30, 2015 progress note, subjectively the injured worker has complaints of right shoulder pain, knee pain, wrist and hand pain. The spinal cord stimulator implanted January 2011 provides relief of neuropathic symptoms. Objectively, there is tenderness to palpation on the shoulder swelling of the right shoulder. Range of motion is decreased. The treating provider requested a psychiatric consultation with follow-up visits. The injured worker is being treated for anxiety and depression. Determination of necessity for an office visit requires individual case review and reassessment. Although a psychiatric consultation is appropriate, follow-up visits prior to the consultation are not clinically indicated. Consequently, absent compelling clinical documentation for a follow-up visit prior to the injured worker's evaluation with an initial consultation, consultation with follow-up with psychiatrist is not medically necessary.

Interventional pain management consultation to manage spinal cord stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, interventional pain management consultation to manage spinal cord stimulator is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are internal derangement right knee; right shoulder tendinitis/tendinopathy/calcific tendinitis; complex regional pain syndrome right lower extremity; right wrist pain, derivative; and reactive depression. The date of injury is June 10, 2009. Request for authorization is June 25, 2015. According to a June 30, 2015 progress note, subjectively the injured worker has complaints of right shoulder pain, knee pain, wrist and hand pain. The spinal cord stimulator implanted January 2011 provides relief of neuropathic symptoms. Objectively, there is tenderness to palpation on the shoulder swelling of the right shoulder. Range of motion is decreased. The spinal cord stimulator helps manage the injured worker's pain. There are no documented problems or malfunctioning with the spinal cord stimulator. There is no clinical rationale for interventional pain management consultation in the absence of spinal cord stimulator malfunctioning. Consequently, absent clinical documentation with the clinical indication and rationale for an interventional pain management consultation, interventional pain management consultation to manage spinal cord stimulator is not medically necessary.