

Case Number:	CM15-0149349		
Date Assigned:	08/12/2015	Date of Injury:	12/23/2013
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 52 year old female, who sustained an industrial injury on December 23, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left shoulder arthroscopic rotator cuff repair, arthroscopic subacromial decompression, and partial anterior acromioplasty; left elbow fracture; cervical spine myoligamentous sprain and strain; lumbar radiculitis; and lumbar disc protrusions at lumbar four to five and lumbar five to sacral one. Treatment and diagnostic studies to date has included x-rays of the cervical spine, x-rays of the left wrist, x-rays of the left elbow, and magnetic resonance imaging of the left shoulder. In a progress note dated June 23, 2015 the treating physician reports complaints of severe low back pain that radiates to the left lower extremity. Examination reveals tenderness to the cervical spinous processes, tenderness to the cervical paravertebral muscles and the left upper trapezius, tenderness to the interscapular and dorsal spine region, tenderness to the right and left medial scapular muscles or sternocleidomastoid muscles, decreased range of motion to the cervical spine with pain, decreased strength to the bilateral shoulders, decreased range of motion to the left shoulder, decreased range of motion to the left elbow, tenderness to the radial volar joint, decreased range of motion to the left wrist, decreased range of motion to the left fingers and thumb, tenderness to the lumbar paravertebral muscles, decreased range of motion to the low back, pain with straight leg raise on the left. The treating physician requested urine toxicology screen and re-evaluation in 4 weeks, but the documentation provided did not indicate the specific reasons for the requested study and evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid misuse/addiction, opioids Page(s): 78 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the available documentation states that the injured worker had a urine drug screen on 06/23/15 but there are no results from the screen. Additionally, the available documentation does not include the medications that the injured worker is currently prescribed, therefore, the necessity of the urine drug screen cannot be determined. The request for urine toxicology screen is determined to not be medically necessary.

Re-evaluation in 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, <http://www.odg-twc.com>. Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 303. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Low Back/Office Visits.

Decision rationale: The MTUS Guidelines do not address office visits specifically for chronically injured workers. The MTUS Guidelines recommend frequent follow-up for the acutely injured worker when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Per the ODG, repeat office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the 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 medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The available documentation does not provide a rationale for a follow-up visit and goals of the visit are not stated. The request for re-evaluation in 4 weeks is determined to not be medically necessary.