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| Case Number: | CM15-0166807 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 02/01/2014 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on February 01, 2014. The injured worker reported the development of pain to the right shoulder, right arm, right elbow, right wrist, and the right hand secondary to repetitive work activities. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, right shoulder pain, right lateral epicondylitis, anxiety, depression, insomnia, cervicogenic headaches, and occipital neuralgia. Treatment and diagnostic studies to date has included x-rays of the right shoulder and the right arm, magnetic resonance imaging of the right shoulder and right arm, medication regimen, physical therapy, and chiropractic therapy. In a progress note dated June 17, 2015 the treating physician reports complaints of constant, spasm type of pain to the right side of the head, neck, shoulders, and elbows, along with numbness, tingling, and weakness to the right arm and hand, and constant daily headaches. Examination reveals decreased range of motion to the cervical spine, positive Spurling's test, decreased sensation to the right hand, weakness to the right grip, tenderness to the cervical paraspinal muscles, the upper trapezius muscles, and scapular border, positive cross-arm testing to the right shoulder, positive Tinel's testing to the left wrist, and tenderness to the occipital triangle bilateral and the lateral epicondyle on the right sided. The injured worker's medication regimen included Gabapentin, Omeprazole, Ibuprofen, and Elavil. The treating physician requested a referral to orthopedic surgeon for the right elbow, but did not indicate the specific reason for the requested referral. The treating physician did recommend a right forearm strap for right epicondylitis. The treating physician requested random urine drug testing to evaluate the injured worker's medication levels and to evaluate for any non-prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon for the right elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

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 guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: The patient presents with pain in the cervical spine, right shoulder, and right lateral elbow. The request is for REFERRAL TO ORTHOPEDIC SURGEON FOR THE RIGHT ELBOW. Examination to the right shoulder on 08/10/15 revealed a decrease in range of motion. Per 06/17/15 progress report, patient's diagnosis includes cervicogenic headaches, cervical radiculopathy, right shoulder pain, right lateral epicondylitis, anxiety, depression, insomnia, cervicogenic headaches, and occipital neuralgia. Patient's medications, per 06/17/15 progress report include Gabapentin, Ibuprofen, and Elavil. Per 08/10/15 progress report, patient is to remain off-work for the next 6 weeks. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, Independent Medical Examinations and Consultations Chapter, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The treater has not specifically addressed this request. The patient continues with pain in the right lateral elbow and is diagnosed with right lateral epicondylitis. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.

Random urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

Decision rationale: The patient presents with pain in the cervical spine and the right shoulder. The request is for RANDOM URINE DRUG TESTING. Examination to the right shoulder on 08/10/15 revealed a decrease in range of motion. Per 06/17/15 progress report, patient's diagnosis include cervicogenic headaches, cervical radiculopathy, right shoulder pain, right lateral epicondylitis, anxiety, depression, insomnia, cervicogenic headaches, and occipital neuralgia. Patient's

medications, per 06/17/15 progress report include Gabapentin, Ibuprofen, and Elavil. Per 08/10/15 progress report, patient is to remain off-work for the next 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, page 43, for Drug Testing states: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC Guidelines, Pain Chapter, under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. 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." The treater has not discussed this request. ODG guidelines state that an annual screening is sufficient for "chronic opiate use in low risk patient." However, review of the medial records provided did not indicate that the patient is utilizing opiates that would necessitate urine drug testing for compliance. The request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.