MAXIMUS Federal Services

Case Number:	CM15-0193550		
Date Assigned:	10/07/2015	Date of Injury:	02/10/1999
Decision Date:	11/16/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 69 year old female who sustained an industrial injury 02-10-99. A review of the medical records reveals the injured worker is undergoing treatment for status post 15 orthopedic surgeries (shoulders, left knee, fingers, right foot, right carpal tunnel, right elbow), probable depression and anxiety, insomnia, cognitive difficulties, cephalgia and dizziness, cervical, thoracic, and lumbar radiculopathy; epigastric burning pain, chest pressure with claudication, weight loss of 40 lbs, and uncontrolled hypertension. Medical records (07-06-15) reveal the injured worker has difficulty with self-care/personal hygiene. The physical exam (07-06-15) reveals swelling of distal joints of both hands with tenderness. Hand grip were weak bilaterally. The treating provider noted mildly weak right foot dorsiflexion. Sensation was decreased at the right more than the left hypothenar regions and the outer thighs and bilateral foot plantar aspects. She had a left leg limp. She also had tenderness with palpation of the shoulders, wrists, left knee, and right elbow, and left knee, as well as tenderness and severe spasms at the cervical and interscaplar regions. Prior treatment includes multiple orthopedic surgeries and medications. The treating provider reports that on the urine drug screen (04-07-15) no medications were detected. The original utilization review (09-04-15) non certified the CT of the chest, urine toxicology and a retroactive urine toxicology (07-09-15). There is no documentation of the reason for the CT of the chest.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of chest: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation When to Order Contrast-Enhanced CT, James V. Rawson, MD, And Allen L. Pelletier, MD, Medical College of Georgia at Georgia Health Sciences University, Augusta, Georgia, Am Fam Physician. 2013 Sep 1;88(5):312-316.

Decision rationale: According to the referenced literature, CT of the chest may be ordered for diffuse lung disease, cancer, suspected mass, trauma, etc. In this case, the exam and history did not indicate the above. The claimant had bronchitis but there was no abnormal x-ray to warrant the CT. There was a request to see an internist who could further evaluate the need for a chest CT. The request for a chest CT is not medically necessary.

Urine toxicology: 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): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Retro urine toxicology performed on 7/9/2015: 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): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen on 7/9/15 was not medically necessary.