MAXIMUS Federal Services

Case Number:	CM15-0198850		
Date Assigned:	10/14/2015	Date of Injury:	02/05/2015
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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 39-year-old male, with a reported date of injury of 02-05-2015. The diagnoses include lumbar radiculopathy, low back pain, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and bilateral lateral epicondylitis. Treatments and evaluation to date have included Cyclobenzaprine, Ibuprofen, Lidoderm 5% patch, Ultram, Pamelor, Salonpas, and behavioral pain management group psychotherapy. The diagnostic studies to date have included a urine drug test on 05-27-2015 with negative findings. The visit note dated 09-29- 2015 indicates that the injured worker complained of back pain with radiation of pain from the low back down both legs. The pain was described as piercing, stabbing, followed by tingling. The injured worker rated his pain 5 out of 10 with medications, and 8 out of 10 without medications. It was noted that there were no new problems or side effects; his sleep was poor; and the injured worker was not trying any other therapies for pain relief. It was also noted that the injured worker's activity level had decreased. He stated that the medications were not effective. It was noted that the injured worker underwent an MRI of the cervical spine on 01-13-2015 showed small disc bulges and moderate narrowing of the central canal and bilateral neural foramens; an x-ray of the lumbar spine on 06-19-2012 which showed mild degenerative disc disease in the lower lumbar spine; electrodiagnostic studies on 07-29-2013 with normal findings; an MRI of the lumbar spine on 02-12-2014 which showed mild degenerative changes in the lower lumbar spine; and x-rays of the lumbar spine on 03-28-2014 which showed mild levoscoliosis and mild posterior element. The objective findings include a normal gait; loss of normal lumbar lordosis with straightening of the lumbar spine; restricted range of motion with flexion and extension of the lumbar spine; spasm and tenderness to palpation of the bilateral lumbar paravertebral muscles; positive right lumbar facet loading; bilateral positive straight leg raise test with subjective pulling behind the leg to his

calves; and decreased light touch sensation over the L4 and L4 lower extremity dermatomes on the left side. The treating physician indicates that a urine toxicology screen was completed in the clinic and "send out was consistent." It noted that the CURES report dated 06-08-2015 was "negative for previous prescriptions and providers." A one-time consultation with a psychologist specializing in chronic pain was recommended to address current coping skills and depressed mood related to chronic pain and decreased function. The injured worker was prescribed modified duty. The request for authorization was dated 09-25-2015. The treating physician requested a urine drug screen and consultation with a psychologist. On 10-02-2015, Utilization Review (UR) non-certified the request for a urine drug screen and consultation with a psychologist.

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 Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

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 section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances 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 inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are ulnar neuropathy; lateral epicondylitis and carpal tunnel syndrome. Date of injury is February 5, 2015. Request for authorization is September 20, 2015. The documentation indicates the injured worker had three urine drug toxicology screens as of May 2015 through the present. The urine drug screens were all consistent. The documentation states the injured worker on September 8, 2015 was referred to a functional restoration behavioral pain management psychotherapy group. The treatment plan consisted of the full 10 weekly sessions. According to a September 17, 2015 progress note, subjectively the injured worker has complaints of bilateral upper extremity pain 6/10 (bilateral wrists and elbows) with poor sleep. Review of systems indicates depression. There is no documentation of high-risk opiate behavior. Objectively, there is tenderness over the lateral condyle with a positive Tinel's. There is no clinical indication or rationale for a fourth urine drug toxicology screen. Based on the clinical documentation in the medical record, peer-reviewed evidence-based guidelines, #3 prior drug toxicology screens dating back to May 2015 and no clinical indication or rationale for a fourth urine drug screen, urine drug screen is not medically necessary.

Consultation with psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Pursuant to the ACOEM, consultation with psychologist 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 ulnar neuropathy; lateral epicondylitis and carpal tunnel syndrome. Date of injury is February 5, 2015. Request for authorization is September 20, 2015. The documentation indicates the injured worker had three urine drug toxicology screens as of May 2015 through the present. The urine drug screens were all consistent. The documentation states the injured worker on September 8, 2015 was referred to a functional restoration behavioral pain management psychotherapy group. The group was oriented with specific, individually tailored goals. The treatment plan consisted of the full 10 weekly sessions. According to a September 17, 2015 progress note, subjectively the injured worker has complaints of bilateral upper extremity pain 6/10 (bilateral wrists and elbows) with poor sleep. Review of systems indicates depression. There is no documentation of high-risk opiate behavior. Objectively, there is tenderness over the lateral condyle with a positive Tinel's. As noted above, the documentation indicates the injured worker was enrolled in a 10-week functional restoration behavioral pain management psychotherapy group. There is no clinical indication or rationale for a second psychological consultation while the injured worker is already enrolled in the functional restoration will behavioral pain management psychotherapy group. Based on the physical information in the medical record, peer-reviewed evidence-based guidelines, documentation with previous enrollment in a functional restoration behavioral pain management psychotherapy group, and no clinical indication or rationale for duplicative services prior to completion of the functional restoration psychology group, consultation with psychologist is not medically necessary.