

Case Number:	CM15-0199716		
Date Assigned:	10/14/2015	Date of Injury:	07/12/2007
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old female who sustained an industrial injury on 7-12-2007. A review of the medical records indicates that the injured worker is undergoing treatment for C4-5 disc herniation, L4 to S1 disc herniations, gastroesophageal reflux disease, hypertension, sleep disorder, small hiatal hernia and status post right knee arthroscopy. Per the progress report dated 8-24-2015, the injured worker complained of a recent flare up of severe pain in her neck and right shoulder with no new injury. According to the progress report dated 9-8-2015, the injured worker noted that hypertension was overly controlled with new medication regimen. She reported feeling light-headed and stated that blood pressure had been low. She reported that abdominal spasms were improved with medication. The physical exam (9-8-2015) revealed tenderness to palpation in the bilateral lower extremities. Blood pressure was 102-57. Weight was 162 pounds. Treatment has included cervical fusion and medications (Tramadol per progress report dated 7-21-2015). Per the progress report dated 7-14-2015, the injured worker was temporarily totally disabled. The request for authorization was dated 9-8-2015. The original Utilization Review (UR) (9-17-2015) denied retrospective requests for urine toxicology and body mass index testing for date of service 9-8-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Urine toxicology Qty 1 DOS 09/08/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2007. She had cervical spine surgery in July 2014. In January 2015 Klonopin, Flexeril, Diovan, Dexilant, and Relafen were being prescribed. Urine drug screening was performed and was consistent with the prescribed medications. When seen, she had improved acid reflux. She was having ongoing difficulty sleeping. She had a low blood pressure with new medications that had been prescribed. Her abdominal spasms had improved. Physical examination findings included height of 5 feet 6 inches and weight of 162 pounds. There was bilateral lower extremity tenderness without other significant findings. Diovan was prescribed. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction. Urine drug screening is not considered medically necessary.

Retrospective Body mass Index testing Qty 1 DOS 09/08/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter - Body Mass Index.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2007. She had cervical spine surgery in July 2014. In January 2015 Klonopin, Flexeril, Diovan, Dexilant, and Relafen were being prescribed. Urine drug screening was performed and was consistent with the prescribed medications. When seen, she had improved acid reflux. She was having ongoing difficulty sleeping. She had a low blood pressure with new medications that had been prescribed. Her abdominal spasms had improved. Physical examination findings included height of 5 feet 6 inches and weight of 162 pounds. There was bilateral lower extremity tenderness without other significant findings. Diovan was prescribed. Body mass index is calculated from height and weight which are recorded as part of a standard physical examination. A separate request for performing the calculation is not appropriate and is not medically necessary.