

<b>Case Number:</b>	CM15-0200807		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

The injured worker is a 22 (DOB 12-27-1992) year old male, who sustained an industrial injury on 2-27-2014. The injured worker is being treated for cervical sprain-strain with radiculitis, head contusion, anxiety and exposure to dust. Treatment to date has included medications, PENS stimulator, and neurological consultation. Per the Secondary Treating Physician's Neurological Examination dated 8-19-2015, the injured worker presented for initial neurological examination. He reported biparietal generalized headaches, craniocervical stiffness and pain, occasional blurred vision, and frequent episodes of positional vertigo. He reported cervical stiffness with radiation into the right arm with numbness, tingling and subjective weakness, right shoulder pain, and interscapular pain. He reported difficulty with memory and ability to think, he is anxious and depressed with fragmented sleep and shortness of breath. Objective findings included biparietal more than bioccipital and bifrontal tenderness. He has craniocervical spasm. Neurological exam revealed decreased attention span, he couldn't do serial sevens. Work status was not provided at this visit. The plan of care included a polysomnogram and sleep consultation, neurocognitive testing and evaluation, ENG-videonystagmogram, EEG (electroencephalogram), therapeutic exercises and a possible occipital-C2 ganglion block. Medications included Flexeril and Naproxen. Authorization was requested for pre-op labs (required), urine tox screen (DOS 8-19-2015) and cognitive test. On 9-30-2015, Utilization Review non-certified the request for pre-op labs (required), urine tox screen (DOS 8-19-2015) and cognitive test.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op labs (required):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing and Other Medical Treatment Guidelines for pre-operative cardiac risk assessment and perioperative cardiac management in non-cardiac surgery. The Task Force for Preoperative Cardiac Risk Assessment and Perioperative Cardiac Management in Non-cardiac Surgery of the European Society of Cardiology (ESC) and endorsed by the European Society of Anesthesiology (ESA). European Heart Journal (2009) 30, 2769 a.

**Decision rationale:** The claimant sustained a work injury in February 2014 when, while loading clothes into a compressor, he bent over and, as he straightened up, he hit the top of his head against the metal door. There was no loss of consciousness. In December 2014, he was seen for a comprehensive neuropsychological evaluation. He was seen by the requesting provider for an initial neurological examination on 08/19/15. He was having headaches, cranial cervical stiffness and pain, occasional blurred vision, right shoulder pain, and frequent episodes of positional vertigo. He was having radiating symptoms into the right upper extremity. He reported difficulty with memory and thinking. He was having difficulty sleeping. There was a detailed neurological examination. He had decreased attention. He had decreased right-sided face sensation. He had decreased right torso sensation and decreased right upper extremity sensation. Romberg testing was positive. There was cervical and right shoulder and wrist tenderness. Straight leg raising was to 60 bilaterally. Additional testing was ordered. There was consideration of an occipital/block. Flexeril and naproxen were prescribed. A re-examination was scheduled for six weeks. Preoperative lab tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. In this case, the procedure being planned is not specified and the reason for the testing is not given. The request is not medically necessary.

**Urine tox screen for DOS 8/19/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

**Decision rationale:** The claimant sustained a work injury in February 2014 when, while loading clothes into a compressor, he bent over and, as he straightened up, he hit the top of his head against the metal door. There was no loss of consciousness. In December 2014, he was seen for a comprehensive neuropsychological evaluation. He was seen by the requesting provider for an initial neurological examination on 08/19/15. He was having headaches, cranial cervical stiffness and pain, occasional blurred vision, right shoulder pain, and frequent episodes of positional vertigo. He was having radiating symptoms into the right upper extremity. He reported difficulty with memory and thinking. He was having difficulty sleeping. There was a detailed neurological examination. He had decreased attention. He had decreased right-sided face sensation. He had decreased right torso sensation and decreased right upper extremity sensation. Romberg testing was positive. There was cervical and right shoulder and wrist tenderness. Straight leg raising was to 60 bilaterally. Additional testing was ordered. There was consideration of an occipital/block. Flexeril and naproxen were prescribed. A re-examination was scheduled for six weeks. 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 medically necessary.

**Cognitive test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head (trauma, headaches, etc., not including stress & mental disorders), Neuropsychological testing.

**Decision rationale:** The claimant sustained a work injury in February 2014 when, while loading clothes into a compressor, he bent over and, as he straightened up, he hit the top of his head against the metal door. There was no loss of consciousness. In December 2014, he was seen for a comprehensive neuropsychological evaluation. He was seen by the requesting provider for an initial neurological examination on 08/19/15. He was having headaches, cranial cervical stiffness and pain, occasional blurred vision, right shoulder pain, and frequent episodes of positional vertigo. He was having radiating symptoms into the right upper extremity. He reported difficulty with memory and thinking. He was having difficulty sleeping. There was a detailed neurological examination. He had decreased attention. He had decreased right-sided face sensation. He had decreased right torso sensation and decreased right upper extremity sensation. Romberg testing was positive. There was cervical and right shoulder and wrist tenderness. Straight leg raising was to 60 bilaterally. Additional testing was ordered. There was consideration of an occipital/block. Flexeril and naproxen were prescribed. A re-examination was scheduled for six weeks. For concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. In this case, the claimant had a comprehensive neuropsychological evaluation in December 2014. There is no new injury and no specific test is to be requested. It is not medically necessary.