

Case Number:	CM15-0202474		
Date Assigned:	10/19/2015	Date of Injury:	10/27/2014
Decision Date:	12/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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, 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 62-year-old male with a date of industrial injury 10-27-2014. The medical records indicated the injured worker (IW) was treated for residuals of musculoligamentous lumbosacral and cervical strain; cervical disc disease; and tendinitis, left shoulder. In the initial orthopedic evaluation (8-19-15), the IW reported neck and upper back pain with neck flexion, extension and lateral rotation; left shoulder pain with any activity; tingling in both arms and hands; pain in the back if sitting longer than 20 minutes or standing longer than 30 minutes; and constant numbness in both legs and the feet. He had a history of diabetes mellitus. Medications included Zolpidem, Fluoxetine, Lorazepam and Naproxen. On examination (8-19-15 notes), ranges of motion (ROM) were measured and compared to normal values. ROM of the cervical spine was decreased in all planes and paracervical pain was present. Left shoulder motion was decreased in abduction, which also caused pain. ROM of the bilateral wrists was full, with complaints of right wrist pain with motion; there was no palpable crepitation. The exam of the hands noted no evidence of thenar or hypothenar eminence atrophy. There was decreased range of motion in the lumbar spine with mild pain at the limits of motion. The knees and ankles were not painful and ROM was full bilaterally. Deep tendon reflexes were absent in the bilateral upper extremities. No sensory deficit was present and Tinell's and Phalen's tests were negative. Lower extremity reflexes were equal bilaterally. He had decreased light touch sensation in the entire right lower extremity without dermatomal locations. Straight leg raise, sitting and supine, was negative bilaterally. Flexion of the knees to the chest caused low back pain at 120 degrees on the right and at 110 degrees on the left. Treatments included physical therapy (left shoulder, started 6-12-15)

and medications. The IW was temporarily partially disabled. The treatment plan included a consultation with pain management, an orthopedic evaluation and treatment of the left shoulder, an MRI to better evaluate the subjective left shoulder complaints, continued psychotherapy and random urine drug screening. A Request for Authorization was received for a referral to an orthopedist; a referral to pain management; an MRI scan of the left shoulder; and random urine drug testing. The Utilization Review on 10-5-15 non-certified the request for a referral to an orthopedist; a referral to pain management; an MRI scan of the left shoulder; and random urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an orthopedist: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to orthopedist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears that the requesting physician is also an orthopedist and he has not identified any uncertain or extremely complex diagnoses or another clear rationale for referral to another orthopedist. In the absence of such documentation, the currently requested referral to orthopedist is not medically necessary.

Referral to a pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to pain management, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the requesting physician has not identified any uncertain or extremely complex diagnoses or any concurrent psychosocial factors. There is no indication that the patient has failed first-line therapy for pain and no clear rationale for a referral to pain management rather than completion of conservative management within the requesting provider's scope of practice has been presented. In the absence of such documentation, the currently requested referral to pain management is not medically necessary.

MRI scan of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, the patient is noted to have only limited ROM with no indication of red flags, positive orthopedic testing suggestive of rotator cuff pathology, or other significant shoulder pathology. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.

Random urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, dealing with misuse & addiction.

MAXIMUS 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 (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation that the patient is currently utilizing drugs of potential abuse, the date and results of prior testing, and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested urine toxicology test is not medically necessary.