

Case Number:	CM15-0206460		
Date Assigned:	10/23/2015	Date of Injury:	06/01/2010
Decision Date:	12/07/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/21/2015

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 39 year old male, who sustained an industrial injury on June 1, 2010. He reported cumulative trauma to his neck, back and bilateral shoulders. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical muscle spasm, lumbar muscle spasm, lumbar disc protrusion, lumbar spondylosis, left shoulder impingement syndrome, left infraspinatus enthesopathy, right shoulder myoligamentous injury, loss of sleep and psych component. Treatment to date has included epidural steroid injection, medication and physical therapy. In progress report dated August 18, 2015, physical examination revealed tenderness of the left shoulder at the AC joint. Range of motion was forward flexion 135 degrees, abduction 140 degrees, extension 35 degrees and adduction 35 degrees. On the day of exam, current medications included Norco, Flexeril, Prilosec and Menthoderm. On September 15, 2015, the injured worker complained of right shoulder pain rated a 4 on a 1-10 pain scale, left shoulder pain rated a 7, neck pain rated a 4 and low back pain rated an 8. The injured worker was noted to have continued left shoulder painful range of motion. The treatment plan included home exercises, continuation of medications, urine toxicology screen and follow-up visit. On September 30, 2015, utilization review denied a request for urine toxicology screen, range of motion testing and follow-up consultation in 4 to 6 weeks. A request for orthopedic follow-up consultation was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

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 rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2010 and is being treated for neck, low back, and bilateral shoulder pain. When seen, there was no change in symptoms. Medications were helping. Pain was rated at 4-7/10. Left shoulder range of motion was measured and was decreased. There was thoracolumbar tenderness with spasms. Medications were continued and Norco was being prescribed. Urine drug screening was requested and was being requested monthly. Authorization for a new follow-up consultation in 4-6 weeks and for range of motion testing was also requested. In January 2015 a psychiatric evaluation references a negative history of alcohol or substance abuse. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, although urine drug screening is being requested monthly, there is no evidence that testing has actually been done. Norco continues to be prescribed. Since there is no urine drug screening result over the previous 12 months, the request is medically necessary.

Range of motion testing: 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) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM) (2) Knee & Leg (Acute & Chronic), Computerized muscle testing.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2010 and is being treated for neck, low back, and bilateral shoulder pain. When seen, there was no change in symptoms. Medications were helping. Pain was rated at 4-7/10. Left shoulder range of motion was measured and was decreased. There was thoracolumbar tenderness with spasms. Medications were continued and Norco was being prescribed. Urine drug screening was requested and was being requested monthly. Authorization for a new follow-up consultation in 4-6 weeks and for range of motion testing was also requested. In January 2015 a psychiatric evaluation references a negative history of alcohol or substance abuse. Range of motion should be a part of a routine musculoskeletal evaluation. The claimant's treating provider is already measuring range of motion and would be expected to be able to continue to do so using conventional techniques. The requested testing is not medically necessary.

Follow up consultation in 4 to 6 weeks: 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) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2010 and is being treated for neck, low back, and bilateral shoulder pain. When seen, there was no change in symptoms. Medications were helping. Pain was rated at 4-7/10. Left shoulder range of motion was measured and was decreased. There was thoracolumbar tenderness with spasms. Medications were continued and Norco was being prescribed. Urine drug screening was requested and was being requested monthly. Authorization for a new follow-up consultation in 4-6 weeks and for range of motion testing was also requested. In January 2015 a psychiatric evaluation references a negative history of alcohol or substance abuse. Office visits are recommended as determined to be medically necessary. In this case, there is no need for a new consultation as the claimant is an established patient. The request is not medically necessary.