

Case Number:	CM15-0207878		
Date Assigned:	10/26/2015	Date of Injury:	06/12/2015
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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 61 year old female who sustained an industrial injury on 6-12-15. The injured worker reported discomfort in the cervical and lumbar spine, shoulder, knee and upper extremities. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine strain and sprain. Medical records dated 8-27-15 indicate pain rated at 7 out of 10. Provider documentation dated 8-27-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, wrist braces, Motrin since at least June of 2015, and acupuncture treatment. Objective findings dated 8-27-15 were notable for tenderness and spasm to lumbar spine, decreased lumbar flexion, right wrist tenderness, and bilateral knee tenderness. The original utilization review (9-30-15) denied a request for Functional improvement measurement with limited functional improvement measures using NIOSH and a Urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional improvement measurement with limited functional improvement measures using NIOSH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office visits, Lumbar and Thoracic Chapter, Computerized range of motion, Flexibility.

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

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a cashier with date of injury in June 2015. She was seen for an initial evaluation by the requesting provider on 06/26/15. She had neck and low back pain and bilateral shoulder, bilateral knee, right hand, left wrist, and left hip pain. She was having headaches. She had complaints of depression and insomnia. Current medications were Motrin and a medication for hypertension. Physical examination findings included a normal body mass index. There was cervical and lumbar tenderness with muscle spasms. There was decreased spinal range of motion. Cervical foraminal testing was positive. Bilateral Kemp's, left Patrick's, and bilateral seated straight leg raising was positive. There was decreased shoulder and wrist range of motion. Shoulder impingement testing was positive bilaterally. There was crepitus with shoulder range of motion. Tinel's, Phalen's, and Finkelstein's tests were positive. There was decreased left hip and bilateral knee range of motion. McMurray's testing was positive bilaterally. Authorization was requested for an internal medicine consultation for evaluation of the claimant's insomnia. Physical therapy was requested. Requests also included functional improvement measures and multiple x-ray studies. Celebrex, which was not a listed medication being prescribed, was discontinued. Nabumetone, omeprazole, cyclobenzaprine, and Tylenol #3 were prescribed. Urine drug screening was performed. Functional improvement measures are recommended and is important over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. Self reported and objective measures performed in the clinic as well as clinical examination findings and the provider's assessments would be part of standard evaluations. Range of motion should be a part of a routine musculoskeletal evaluation. Computerized muscle testing is not recommended and is an unneeded test. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating provider would be expected to be able to measure strength and range of motion using conventional techniques and records appropriate measures that could be used to document the claimant's progress with treatments. The requested NIOSH testing is not considered medically necessary.

Urine toxicology screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

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 cumulative trauma work injury while working as a cashier with date of injury in June 2015. She was seen for an initial evaluation by the requesting provider on 06/26/15. She had neck and low back pain and bilateral shoulder, bilateral knee, right hand, left wrist, and left hip pain. She was having headaches. She had complaints of depression and insomnia. Current medications were Motrin and a medication for hypertension. Physical examination findings included a normal body mass index. There was cervical and lumbar tenderness with muscle spasms. There was decreased spinal range of motion. Cervical foraminal testing was positive. Bilateral Kemp's, left Patrick's, and bilateral seated straight leg raising was positive. There was decreased shoulder and wrist range of motion. Shoulder impingement testing was positive bilaterally. There was crepitus with shoulder range of motion. Tinel's, Phalen's, and Finkelstein's tests were positive. There was decreased left hip and bilateral knee range of motion. McMurray's testing was positive bilaterally. Authorization was requested for an internal medicine consultation for evaluation of the claimant's insomnia. Physical therapy was requested. Requests also included functional improvement measures and multiple x-ray studies. Celebrex, which was not a listed medication being prescribed, was discontinued. Nabumetone, omeprazole, cyclobenzaprine, and Tylenol #3 were prescribed. Urine drug screening was performed. 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, Tylenol #3 was prescribed and the claimant reported not taking any other opioid medications. Urine drug screening was done with the initiation of therapy and was medically necessary.