

Case Number:	CM15-0021955		
Date Assigned:	02/11/2015	Date of Injury:	05/22/2014
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 51 year old female, who sustained an industrial injury on May 22, 2014. She has reported pain in the neck, lower back, bilateral shoulders, head, upper extremities and lower extremities. The diagnoses have included cervical pain, cervical sprain/strain, rule out cervical disc protrusion, rule out thoracic disc protrusion, thoracic myospasm, thoracic pain, thoracic strain, lumbar myospasm, pain, radiculopathy and sprain/strain, rule out lumbar disc protrusion, right knee sprain/strain, rule out right knee internal derangement, left knee sprain/strain and rule out left knee internal derangement. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and TENS unit use. Currently, the IW complains of pain in the neck, lower back, bilateral shoulders, head, upper extremities and lower extremities. The injured worker reported an industrial injury in 2014, resulting in pain in the neck, lower back, bilateral shoulders, head, upper extremities and lower extremities. It was noted she had failed some conservative therapies and was treated with a TENS unit and pain medications. On August 26, 2014, she reported continued pain in the cervical spine, thoracic spine, lumbar spine, right knee and left knee. She reported only temporary benefit after 12 sessions of physical therapy. On September 30, 2014, the pain continued. Chiropractic care, physical therapy and orthotic devices were requested. Pain medications were continued. On January 26, 2015, Utilization Review non-certified for a retrospective request for specimen collection and handling noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 5, 2015, the injured worker submitted an

application for IMR for review of requested retrospective request for specimen collection and handling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Specimen Collection and Handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The patient presents with neck pain and stiffness, upper/mid back pain, constant low back pain, constant right knee pain and intermittent left knee pain. The current request is for retrospective request for specimen collection and handling. There are no progress reports that discuss this specific request and what this is for. There is no contextual information that helps and the utilization review letter does not shed any additional light. MTUS guidelines page 8 require that the treating physician provide treatment monitoring. In this case, there is no information in the notes explaining what this "retrospective request for specimen collection and handling" is. Without any supporting clinical information the current request cannot be found medically necessary and the recommendation is for denial.