

Case Number:	CM15-0026798		
Date Assigned:	02/20/2015	Date of Injury:	03/02/2014
Decision Date:	04/16/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37 year old female injured worker suffered an industrial injury on 3/2/2014. The diagnoses were lumbar neuritis, lumbar sprain and lumbar disc displacement, chronic low back pain, chronic elbow pain, and left elbow epicondylitis. The treatments were medications. The treating provider reported chronic low back pain and left elbow pain as well as pain in the neck and mid back extending down the left leg at 8/10. On exam there is tenderness of the left elbow and lower back with spasms along with reduced range of motion. The requested treatments were: 1. Conditioning/functional restoration x 2; 2. Urine Analysis x 3 over the next 6 months; 3. Comprehensive Metabolic Panel x 3 over the next 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conditioning/functional restoration x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral to a psychologist for a functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. In this case, the injured worker's working diagnoses are elbow sprain; elbow bursitis; and lumbar neuritis. Subjectively, the injured worker complains of intermittent less than moderate pain to the left elbow; constant moderate pain in the lumbosacral region with radiation to the left lower kinetic chain; without medication condition worsens; and sleeping is greatly improved with medication. Objectively, the treating physician lists multiple provocative tests including positive left Cozens, left Mills, left Yeomans, bilateral Kemp's, left straight leg raising is positive, and left Braggards. The documentation from the March 4, 2015 treatment plan states continue with medications for purposes of pharmacologic management of industrial related symptoms to allow a decrease in pain and increase in ADLs and overall function one time per month two months according to the ACOEM chapter 6 (second request). The documentation does not contain a request for a conditioning program or functional restoration program. Consequently, absent clinical documentation with a clinical indication, clinical rationale and a clinical entry in the record of the conditioning program/functional restoration program, conditioning/functional restoration program times 2 is not medically necessary.

Urine Analysis x 18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, three urine drug toxicology screens in six months is not medically necessary. Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. 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, the injured worker's working diagnoses are elbow sprain; elbow bursitis; and lumbar neuritis. Subjectively, the injured worker complains of intermittent less than moderate pain to the left elbow; constant moderate pain in the lumbosacral region with radiation to the left lower kinetic chain; without medication condition worsens; and sleeping is greatly improved with medication. Objectively, the treating physician lists multiple provocative tests including positive left Cozens, left Mills, left Yeomans, bilateral Kemps, left straight leg raising is positive, and left Braggards. The treating physician indicates in a March 4, 2015 progress note the urine drug screens are required to confirm medication treatment. Urine drug toxicology screening is recommended to monitor compliance, identify use of undisclosed substances and uncovered the version of prescribed substances. A urine drug screen is not required to confirm medication treatment. A proper history from the worker will disclose whether or not appropriate medications are being taken appropriately. There is no risk assessment in the medical record indicating an intermediate or high risk of drug misuse or abuse. Consequently, absent compelling clinical documentation with evidence of intermediate or high risk for drug misuse or abuse, three urine drug toxicology screens in six months is not medically necessary.

Comprehensive Metabolic Panel x 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and physical assessments.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, comprehensive metabolic panel three times over the next six months is not medically necessary. Thorough history taking is always important in the clinical assessment and treatment planning for the patient with chronic pain and includes a review of medical records. Clinical recovery may be dependent on identifying and addressing previously unknown or undocumented medical or psychosocial issues. A thorough physical examination is also important to establish/confirm diagnoses and observe/understand pain behavior. The history and physical examination serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. In this case, the injured worker's working diagnoses are elbow sprain; elbow bursitis; and lumbar neuritis. Subjectively, the injured worker complains of intermittent less than moderate pain to the left elbow; constant moderate pain in the lumbosacral

region with radiation to the left lower kinetic chain; without medication condition worsens; and sleeping is greatly improved with medication. Objectively, the treating physician lists multiple provocative tests including positive left Cozens, left Mills, left Yeomans, bilateral Kemps, left straight leg raising is positive, and left Braggards. The treating physician's rationale for ordering comprehensive metabolic panel's is to check liver and kidney function. Current the current list of medications is missing from the March 4, 2015 progress note. The laboratory testing ordered is routine in nature. The guidelines recommend diagnostic studies be ordered but not simply for screening purposes. The injured workers medications include tramadol, cyclobenzaprine, gabapentin and Lunesta. Laboratory testing ordered should reflect what medications are predisposed to causing laboratory abnormalities. There is no specific clinical rationale in the medical record. Consequently, absent clinical documentation with a clinical rationale/indication for routine comprehensive metabolic panel laboratory testing three times over the next six months is not medically necessary.