

Case Number:	CM15-0222422		
Date Assigned:	11/18/2015	Date of Injury:	08/20/2015
Decision Date:	12/30/2015	UR Denial Date:	10/31/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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:

This 51 year old female sustained an industrial injury on 4-8-15. Documentation indicated that the injured worker was receiving treatment for left foot metatarsalgia. The injured worker had a history of left metatarsal fracture status post-surgical repair (January 2015) that was aggravated in April after she bumped her foot. Subsequent treatment included physical therapy, casting, injections, orthotics and medications. Past medical history was significant for hypertension, hypercholesterolemia, carpal tunnel syndrome and migraines. In an internal medicine consultation dated 10-14-15, the injured worker complained of pain in bilateral hands, elbows and upper extremities. The injured worker also complained of headaches, "psychological complaints", hypertension and occasional difficulty sleeping. Physical exam was remarkable for blood pressure 136 over 68 mmHG, pulse 79 beats per minute, height 5'6", weight 226 pounds, heart with regular rate and rhythm, lungs clear to auscultation and soft abdomen with positive bowel sounds. The physician attributed the injured worker's hypertension and cardiovascular condition to elevated levels of stress and anxiety due to her industrial injury. The treatment plan included laboratory studies, urine toxicology screening, electrocardiogram, two dimensional echocardiogram and carotid ultrasound for further evaluation as well as a psych consultation. On 10-30-15, Utilization Review noncertified a request for urine toxicology and carotid ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator 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) Indications for UDT.

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) Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation that the patient is taking opioid medications. There is no medical indication for urine toxicology testing. The request is not medically necessary.

Carotid ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Evaluation of carotid artery stenosis UpToDate: Screening for asymptomatic carotid artery stenosis.

Decision rationale: Carotid duplex ultrasound (CDUS) uses B-mode ultrasound imaging and Doppler ultrasound to detect focal increases in blood flow velocity indicative of high-grade carotid stenosis. Carotid duplex ultrasound (CDUS) is a noninvasive, safe, and relatively inexpensive technique for evaluation of the carotid arteries. The most feared consequence of carotid atherosclerosis is ischemic stroke. Carotid Doppler ultrasound is indicated in patients to evaluate for risk of stroke. The prevalence of asymptomatic carotid stenosis is low in the general population, but increases with age, which is the most important risk factor. In this case there is no documentation of focal sensory or motor deficits concerning for cerebral vascular disease. There is no medical indication for carotid ultrasound. The request is not medically necessary.