

Case Number:	CM15-0034032		
Date Assigned:	02/27/2015	Date of Injury:	10/01/2009
Decision Date:	04/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 41 year old female, who sustained an industrial injury on 10/1/2009. On 2/23/15, the injured worker submitted an application for IMR for review of Urine Toxicology Test, and Follow-up in 4-6 weeks, and Range of motion testing. The treating provider has reported the injured worker complained of continued constant right knee, low back and right shoulder pain. It is also noted the injured worker is having difficulty sleeping. The diagnoses have included right knee pain mechanical symptoms; right shoulder sprain/strain; lumbosacral sprain/strain; anxiety and stress. Treatment to date has included physical therapy; knee brace; MRI right knee (11/18/09); immobilizer and ankle support; wrap around neoprene knee brace; TENS unit; x-ray and MRI right knee (6/26/14); drug screening for medical management; medications. On 2/4/15, Utilization Review non-certified Urine Toxicology Test, and Range of motion testing. The MTUS and ODG Guidelines were cited. The Follow-up in 4-6 weeks were Certified per ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 43.

Decision rationale: Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse including over-sedating, drug intoxication, motor vehicle crash, other accidents and injuries, driving while intoxicated, premature prescription renewals, self-directed dose changes, lost or stolen prescriptions, using more than one provider for prescriptions, non-pain use of medication, using alcohol for pain treatment or excessive alcohol use, missed appointments, hoarding of medications, and selling medications). Patient last underwent a urine toxicology test in August of 2014 and was found to be compliant. The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology test is not medically necessary.

Follow-up in 4-6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) evaluation and management (E&M) outpatient visits to the offices of medical doctors.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 303.

Decision rationale: The original reviewer approved this request and I have no disagreement with that decision. Regarding follow up visits, ACOEM guidelines indicate that follow up with a provider on a regular basis is appropriate; however, these guidelines concern themselves largely with the acute phase of injury. As this is a chronic pain patient who does not require frequent follow up, the Official Disability Guidelines (ODG) were consulted. These guidelines state that outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they, should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Follow-up in 4-6 weeks is medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA guides to the evaluation of permanent

impairment, Official Disability Guidelines (ODG) low back chapter, computerized range of motion (ROM) see flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Low Back Chapter), Flexibility.

Decision rationale: The Official Disability guidelines do not recommended range of motion testing as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006) The value of the sit-and-reach test as an indicator of previous back discomfort is questionable. (Grenier, 2003) The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way". (p400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. (Cherniack, 2001) Range of motion testing is not medically necessary.