

Case Number:	CM15-0084765		
Date Assigned:	05/11/2015	Date of Injury:	12/30/2013
Decision Date:	06/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/04/2015

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 42 year old male patient who sustained an industrial injury on 12/30/2013. The accident is described as involving continuous trauma due to repetitive work activities. The patient underwent a magnetic resonance imaging study of pelvis on 10/02/2014 which revealed a focal area of marrow edema at the anterior aspect of roof of acetabulum; small fat containing bilateral inguinal hernia, and otherwise unremarkable. He underwent electromyography study on 09/23/2014 and the results were no contained in the evidence. On 01/02/2014 he underwent a magnetic resonance imaging study of the lumbar spine that revealed straightening of the lumbar lordotic curvature; L5-S1 broad-based disc protrusion which indents the thecal sac. On 09/16/2014 he underwent a radiography study of the left wrist that showed the results unremarkable. On 09/23/2014 the patient was with subjective complaint of bilateral shoulder pain which has shown some improvement after receiving some therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis test for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker had received a urine drug test one month prior to changing medical providers, additionally, there was no evidence in the current treatment records to support the need for the urine drug screen. The request for urine drug screen is determined to not be medically necessary.

Internist consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. While the MTUS guidelines support the use of referral in cases where the primary physician is uncomfortable, the request for an internist is not specifically supported. The primary physician is requesting an internist consult for the identification of a hernia which has already been confirmed via imaging and physical exam. The request for Internist consult is determined to not be medically necessary.