

Case Number:	CM15-0089655		
Date Assigned:	05/14/2015	Date of Injury:	02/05/2011
Decision Date:	06/15/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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:

The injured worker is a 59-year-old female, who sustained an industrial injury on 2/05/2011. She reported repetitive trauma injuries to the neck affecting the arms with numbness a tingling down to the hands and fingers. An MRI dated 8/18/14 was documented to reveal disc desiccation at all disc levels with 3mm left foraminal compressing the nerve root at left C5-6 and a 2mm foraminal disc compressing the nerve root at left C6-7. There was central canal stenosis and left C4-5 compression. Diagnoses include cervical disc herniation with radiculopathy, status post left shoulder surgery 3/11/14, and depression and anxiety disorder. Treatments to date include medication therapy, physical therapy, thermal modalities and cervical epidural. Currently, she complained of pain in the neck and right arm in C5, C6, and C7 nerve root distributions. Pain was rated 10/10 VAS at worst and 7/10 VAS with medications. On 3/13/15, the physical examination documented tenderness to cervical muscles, decreased range of motion, with a positive Spurling's test. There were decreased reflexes noted to right bicep and right tricep. The plan of care included continuation of medication therapy and consultations. This request included a retrospective urine drug screen from 3/11/15, and a request for an internal medical consultation for stomach problems as well as a psychological evaluation for evaluation of severe depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for urine drug screen on March 11, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, "Drug testing" Page(s): 43.

Decision rationale: The requested Retrospective request for urine drug screen on March 11, 2015, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain in the neck and right arm in C5, C6, and C7 nerve root distributions. Pain was rated 10/10 VAS at worst and 7/10 VAS with medications. On 3/13/15, the physical examination documented tenderness to cervical muscles, decreased range of motion, with a positive Spurling's test. There were decreased reflexes noted to right bicep and right tricep. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Retrospective request for urine drug screen on March 11, 2015 is not medically necessary.

Internal medical consultation for stomach problems: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag conditions, Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested internal medical consultation for stomach problems is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider

the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain in the neck and right arm in C5, C6, and C7 nerve root distributions. Pain was rated 10/10 VAS at worst and 7/10 VAS with medications. On 3/13/15, the physical examination documented tenderness to cervical muscles, decreased range of motion, with a positive Spurling's test. There were decreased reflexes noted to right bicep and right tricep. The treating physician has not adequately documented PPI trials. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, internal medical consultation for stomach problems is not medically necessary.

Psychological evaluation to evaluate for severe depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The requested Psychological evaluation to evaluate for severe depression is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has pain in the neck and right arm in C5, C6, and C7 nerve root distributions. Pain was rated 10/10 VAS at worst and 7/10 VAS with medications. On 3/13/15, the physical examination documented tenderness to cervical muscles, decreased range of motion, with a positive Spurling's test. There were decreased reflexes noted to right bicep and right tricep. The treating physician has not documented anti-depressant medication trials. The treating physician did not adequately document the medical necessity for this consult nor how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, Psychological evaluation to evaluate for severe depression is not medically necessary.