

Case Number:	CM15-0234333		
Date Assigned:	12/09/2015	Date of Injury:	04/28/2013
Decision Date:	01/21/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/30/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 04-28-2013. The injured worker is currently working with restrictions. Medical records indicated that the injured worker is undergoing treatment for C4-C5 cervical disc displacement, left sided carpal tunnel syndrome status post 2 failed surgeries, and right hand carpal tunnel syndrome. Treatment and diagnostics to date has included physical therapy, electrodiagnostic studies of bilateral upper extremities, left hand carpal tunnel release surgery, injections, and medications. Recent medications have included Ibuprofen. Subjective data (10-14-2015) included left shoulder, left forearm, left hand-wrist, and right hand-wrist pain. Objective findings (10-14-2015) included spasms at C4-C7 with decreased cervical range of motion. The request for authorization dated 10-14-2015 requested cervical spine MRI without contrast and urine toxicology quantitative and confirmatory testing. The Utilization Review with a decision date of 11-05-2015 non-certified the request for MRI of cervical spine (without contrast) and urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine (without contrast): Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck chapter, MRI (magnetic resonance imaging).

Decision rationale: The medical records indicate the patient has ongoing pain in the left shoulder, left forearm, and bilateral hand/wrist with associated numbness and tingling. The current request for consideration is MRI of the cervical spine (without contrast). The ODG does recommend MRI of the cervical spine under certain conditions. The ODG has this to say in regard to repeat MRI: Not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the records indicate the patient had a CT scan of the cervical spine and the results were unremarkable. The patient has undergone carpal release surgery x 2 and continues to have neurological symptoms in the left hand. The clinical findings provide evidence of carpal tunnel syndrome on the right side. However, the patient also had provocative cervical spine testing indicating possible discogenic pain in the left arm. The attending physician has recommended getting an MRI of the cervical spine to rule out cervical pathology prior to proceeding with any surgical intervention on the right side. The medical records establish medical necessity for a cervical MRI to rule out/in discogenic pain before proceeding with surgery. The current request is medically necessary.

Urine toxicology test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, UDT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Urine drug testing.

Decision rationale: The medical records indicate the patient has ongoing pain in the left shoulder, left forearm, and bilateral hand/wrist with associated numbness and tingling. The current request for consideration is urine toxicology screen. The attending physician report dated 10/14/15, page (26b), states that a urine toxicology screen was given to evaluate medication management and/or ongoing medication therapy. The ODG states that 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. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. It recommends a once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In this case, the attending physician has just taken over as the primary treating physician of a very complicated case and has requested urine toxicology testing to establish a baseline for ongoing medical management. The current request is consistent with medical treatment guidelines and is medically necessary.