

Case Number:	CM14-0148680		
Date Assigned:	09/18/2014	Date of Injury:	06/03/2013
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported an injury on 06/03/2013. The mechanism of injury was not provided. The diagnoses provided were status post blunt head trauma, acute cervicothoracic strain, and acute lumbar strain. Past medical treatments included chiropractic, orthopedic, acupuncture, activity modification, physical therapy, and home exercise. Diagnostic studies included an MRI of the cervical spine and nerve conduction studies. Surgical history was not provided. The injured worker had complaints of pain to the head, neck, and bilateral shoulders that he rated at 6/10 to 7/10. The injured worker reported the pain was the same since the previous visit? The pain was made better with rest and medication. Medications included Norco and Flexeril which are prescribed by the injured worker's pain management doctor. Upon examination of the cervical spine, there was decreased range of motion with tenderness to the trapezius and the paraspinal muscles equally. The shoulder depression test was positive. The Spurling's test was positive bilaterally. The muscle motor strength was 5/5 throughout. There was decreased sensation at the C5 dermatomal distribution bilaterally. Deep tendon reflexes were 2+ bilaterally at the brachioradialis and triceps tendons. Examination of the bilateral shoulders revealed decreased range of motion and tenderness to the trapezius muscles. There was slight decreased strength at 4/5 with flexion and abduction bilaterally. There was tenderness over the acromioclavicular joints bilaterally. The physician requested authorization for new consultation and treatment with a psychologist for post-traumatic stress disorder per the injured worker's neurologist. In addition, the physician requested a urine toxicology screen as part of the pain treatment agreement during opioid therapy. The request for consultation and treatment with psychologist and urine toxicology screen was made on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for consultation and treatment with psychologist is not supported. The California MTUS states physicians should consider a psychological consult if there is evidence of depression, anxiety, or irritability. The records submitted for review indicated the physician was requesting authorization for a new consultation and treatment with psychologist for post-traumatic stress disorder per his neurologist. However, the records submitted for review failed to include documentation of subjective complaints which indicated the injured worker had evidence of depression, anxiety, or irritability. Furthermore, the records submitted for review failed to include documentation of history of significant depression or anxiety. Furthermore, the documentation from the neurologist was not submitted for review. In addition, the request as it was submitted was for consultation and treatment with psychologist; however, consultation would be recommended prior to treatment. Given the above, the request for consultation and treatment with psychologist is not medically necessary.

Urine Toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing & On-Going Management. Page(s): 43 & 78.

Decision rationale: The request for a urine toxicology screen is not supported. The California MTUS recommends use of a urine drug screen to assess for the use or presence of illegal drugs. Furthermore, the California MTUS recommends the use of drug screening for injured workers with issues of abuse, addiction, or poor pain control. The records submitted for review indicated the physician requested a urine toxicology screen as part of the pain treatment agreement. However, the records submitted for review failed to include documentation of the date and result of the previous urine drug screen. Furthermore, the records submitted for review failed to include documentation that the physician suspected the presence of illegal drugs or that the injured worker had issues of abuse, addiction, or poor pain control. Furthermore, the physician indicated that the urine drug screen was requested as part of the pain treatment agreement; however, Norco was prescribed by another physician. Given the above, the request for urine toxicology screen was not medically necessary.

