

Case Number:	CM14-0184519		
Date Assigned:	11/10/2014	Date of Injury:	09/09/2003
Decision Date:	12/26/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 and is licensed to practice in California. 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 underlying date of injury in this case is 09/09/2003. The date of the utilization review under appeal is 10/08/2014. The treating diagnoses include an umbilical hernia, lumbar radiculopathy, chronic anxiety/depression, and right testicular pain. On 09/30/2014, a PR-2 (progress report) report is handwritten and only partially legible. This orthopedic report appears to indicate treatment for severe low back pain at 10/10 and notes the patient walks with a cane and has constant shooting pain to the left leg. The treatment plan included a urology evaluation for testicular pain as well as continued medications per a different physician and followup regarding hypertension and possible epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up for hypertension with specialist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Consultation, page 127

Decision rationale: A prior treating physician review concluded that followup with a hypertension specialist was not medically necessary as the records do not document the patient was treating for hypertension and there was no documentation of persistent hypertension. The medical records do indicate that the treating physician planned to refer the patient for further treatment with a hypertension physician. The ACOEM Guidelines, chapter 7, consultation, page 127, state that the occupational practitioner may refer to specialists when the patient may benefit from such experience. It would be appropriate per the treatment guidelines for an orthopedic surgeon to refer a patient to a hypertension specialist if that were not part of the orthopedist's usual scope of practice. This request is supported by the guidelines. This request is medically necessary.

Urine 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 Page(s): 43.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, page 43, state that drug testing is recommended as an option to assess for the use or presence of illegal drugs. The medical records do not clearly indicate what medications are being prescribed for which drug testing would be requested or what the risk factors may be for aberrant behavior in this case. Overall the medical records do not provide a basis to support the request for urine drug testing. This request is not medically necessary.