

Case Number:	CM15-0010465		
Date Assigned:	01/28/2015	Date of Injury:	11/01/2010
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/19/2015

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 56 year old female with an industrial injury dated 11/01/2010. Her diagnoses include cervical disc disease, cervical radiculopathy, cervical facet syndrome, and status post right shoulder arthropathy. Recent diagnostic testing was not submitted or discussed. She has been treated with cervical injections with the most recent injection on 10/20/2014 and noting significant relief from pain. Other treatments have included medications. In a progress note dated 11/26/2014, the treating physician reports decreased neck pain rated 5/10 with moderate stiffness, cracking in the back of the jaw, and intermittent headaches. The objective examination revealed a decrease in the normal lordosis of the cervical spine, moderate tenderness to palpation with muscle spasm over the paravertebral musculature and right trapezius muscle, a positive Spurling's sign bilaterally, decreased sensation, decreased range of motion in the cervical spine, facet tenderness to palpation over the C6-C7 levels, tenderness to the right shoulder, decreased range of motion in the right shoulder, and a positive impingement sign in the right shoulder. The treating physician is requesting a urine toxicology screening and a cervical traction unit which were denied by the utilization review. On 12/10/2014, Utilization Review non-certified a request for a urine toxicology screening, noting a recent urine drug screen and the injured worker's low risk for misuse. The ODG Guidelines were cited. On 12/10/2014, Utilization Review non-certified a request for a cervical traction unit, noting a previous certification for cervical traction with a date of service 08/25/2014. The ODG Guidelines were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of urine toxicology screening and cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Pain Chapter, Urine Drug Testing

Decision rationale: The patient presents with neck pain. The current request is for Urine Toxicology. The treating physician states, The patient currently complains of decreased neck pain which she rates on a pain scale at 5/10. The pain is described as moderate with stiffness. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. In this case, there is no list of current medications provided to document opioid usage In the treating physician report dated 11/26/14 there is an indication that previous urine screening from July 16, 2014 was positive for tramadol and anti-depressants. There is no risk assessment is provided by the treater to classify the patient as a high, medium or low risk patient. The current request is not medically necessary and the recommendation is for denial.

Cervical traction unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Online Neck and Upper Back Chapter, Traction Section

Decision rationale: The patient presents with neck pain. The current request is for Cervical Traction Unit. The treating physician states, The patient currently complains of decreased neck pain which she rates on a pain scale at 5/10. The pain is described as moderate with stiffness. (E.3) ODG recommends "home cervical patient controlled traction (using a seated over-the-door device or a supine device), for patients with radicular symptoms, in conjunction with a home exercise program. ODG does not recommend institutionally based powered traction devices. In this case, the request is for a home traction unit. The patient also shows signs of radiculopathy in their cervical spine. However the treating physician has documented that the patient has failed a home exercise program previously with no indication that one is being started again. The current request is not supported by the guidelines as no home exercise program is being performed currently and the physician does not specify what type of traction unit is being prescribed. The current request is not medically necessary and the recommendation is for denial.

