

Case Number:	CM15-0013536		
Date Assigned:	02/02/2015	Date of Injury:	01/10/2013
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/23/2015

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, Washington

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

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 32-year-old female who reported an injury on 01/10/2013 due to moving a pot. On 09/23/2014, she presented for a followup evaluation. She reported pain in her neck, right arm, and right leg. She also reported pain in the low back rated at a 7/10 that radiated into the right more than left leg, constant headaches rated at a 6/10 radiating into the posterior neck and into the entire crown into the right eye, right knee pain rated at a 6/10, and swelling of the right ankle. Her medications included Pepcid and prenatal vitamins. She was not noted to be on any medications for her orthopedic complaints due to her pregnancy. A physical examination showed that she was unable to walk on her heels and toes and she had tenderness throughout the right side of the spine without observable spasm. The neck and upper extremities showed reflexes were 2+ and symmetrical, Hoffmann's was negative, and sensation was decreased in both upper extremities in no dermatomal distribution. There was also tenderness in the right trapezius. The back and lower extremities showed tenderness along the anteromedial line and superomedial patella and lateral patella. Motor examination revealed give way weakness in the right lower extremity and sensation was diminished in the right lower extremity in no dermatomal distribution. There was also tenderness in the right low back. She was diagnosed with a lumbosacral strain and chondromalacia of the patellofemoral joint and medial femoral compartment. The treatment plan was for 3 UA and CMP tests randomly between 01/08/2015 and 03/22/2015 and 2 pharmacological management visits 1 time a month between 01/08/2015 and 03/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Pharmacological Management Visits 1x month between 1/8/2015 and 3/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: The Official Disability Guidelines recommend that office visits be determined based upon a review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. The documentation submitted for review does not indicate that the injured worker is taking any medication that would require pharmacological management sessions. There is also a lack of evidence showing that she is at risk for aberrant drug taking behaviors or that she has displayed aberrant drug taking behaviors to support this request. Also, the request for 2 pharmacological management visits is excessive and would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.

3 UA & CMP Tests Randomly between 1/8/2015 and 3/22/2015: 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), Pain (chronic), Urine Drug Testing

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

Decision rationale: The California MTUS Guidelines state that urine drug screens should be used for those with issues of abuse, addiction, or poor pain control while on medications that require weaning. The documentation submitted for review does not indicate that the injured worker is taking any medication that would require UA and CMP tests. There is also a lack of evidence showing that she is at risk for aberrant drug taking behaviors or that she has displayed aberrant drug taking behaviors to support this request. Also, the request for 3 UA and CMP tests is excessive and would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.