

Case Number:	CM15-0128033		
Date Assigned:	07/14/2015	Date of Injury:	09/03/2013
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 3, 2013. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for cervical MRI imaging and urine toxicology screening. The claims administrator referenced progress notes of May 27, 2015 and June 8, 2015 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated May 15, 2015, the medical-legal evaluator reported that the applicant had not worked since September 10, 2013. In a clinical progress note dated May 27, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was placed off of work, on total temporary disability. Clicking and locking of the right shoulder with attendant weakness was reported. X-rays of the shoulder and humerus were notable for stable degenerative changes, while x-rays of the cervical spine demonstrated loss of cervical lordosis. An "updated" cervical MRI scan was sought to assess the applicant's injury. Urine drug testing was endorsed. The applicant's medication list was not, however, detailed or characterized. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for cervical MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine, to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the attending provider's May 27, 2015 progress note suggested that the cervical MRI imaging was proposed for academic or evaluation purposes, to obtain an "updated" cervical MRI scan and/or to assess progression of degenerative changes. There was not, thus, either an explicit statement (or an implicit expectation) that the applicant would act on the results of the proposed cervical MRI and/or go on to consider surgical intervention based on the outcome of the same. The applicant's superimposed shoulder pain complaints with attendant clicking and locking about the injured shoulder likewise suggested that the shoulder was in fact the primary pain generator, suggesting that the applicant's presentation was not indicative of cervical nerve root dysfunction. Therefore, the request was not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for urine toxicology screen (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medications to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation when performing testing, and clearly state when an applicant was last tested. Here, however, it was not stated when the applicant was last tested. The applicant's medication list was not discussed or described on the May 27, 2015 progress note on which the urine toxicology screening was endorsed. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.