

Case Number:	CM15-0128575		
Date Assigned:	07/14/2015	Date of Injury:	09/26/2014
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
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: California

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:

This 68 year old male sustained an industrial injury on 9/26/14. He subsequently reported bilateral shoulder pain. Diagnoses include sprains and strains of shoulder and upper arm, displacement of cervical intervertebral disc without myelopathy and brachial neuritis or radiculitis. Treatments to date include injections and prescription pain medications. The injured worker continues to experience neck pain that radiated to the left shoulder and arm with numbness and tingling. Upon examination, there was decreased cervical spine range of motion. There was abnormal sensory exam over the left arm C6-7. A request for UA Toxicology test, ortho consult and Trigger Point Injections (TPI) x3 cervical was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA Toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no clear documentation that the patient is currently utilizing drugs of potential abuse, the date and results of prior testing, and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

Ortho consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has not identified any clear rationale for orthopedic consultation. In the absence of such documentation, the currently requested consultation is not medically necessary.

Trigger Point Injections (TPI) x3 cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination, defined as circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Additional criteria include medical management therapies such as ongoing stretching exercises,

physical therapy, NSAIDs and muscle relaxants have failed to control pain and radiculopathy is not present (by exam, imaging, or neuro-testing). Within the documentation available for review, there are no physical examination findings consistent with trigger points despite failure of targeted medical management therapy. Furthermore, it appears that radiculopathy is present. In light of the above issues, the requested trigger point injections are not medically necessary.