MAXIMUS Federal Services

Case Number:	CM15-0129289		
Date Assigned:	07/15/2015	Date of Injury:	10/30/2007
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
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: Massachusetts
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 60 year old female patient who sustained an industrial injury on 10/30/2007. The accident was described as while working regular duty putting clothing onto a rack she began to develop neck, back and left shoulder pains. The initial treating diagnoses were: cervical musculoligamentous strain/sprain with radiculitis; rule out cervical spine discogenic disease; thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous strain with radiculitis, rule out lumbosacral spine discogenic disease; left shoulder strain/sprain; left shoulder tendonitis; left elbow strain/sprain; and left elbow lateral epicondylitis. The patient had a urological follow up visit on 01/28/2015 that reported the patient having subjective complaint of urinary incontinence, frequency, and urgency with nocturia. There is note of diagnostics urodynamic studies and cystoscopy was denied. A post-void bladder scan revealed 11cc of residual. The impression found the patient with urinary incontinence stress and urge; grade I-II cystocele; grade I rectocele; urinary frequency, urgency with nocturia (possible urinary tract infection), and orthopedic issues. The plan of care noted daily Kegel exercises, recommending a cystoscopic examination. The patient is attending psychological sessions and noted with positive outcomes. At a follow up on 06/10/2015 she was prescribed a interferential unit, recommended to undergo nerve conduction study of bilateral lower extremities, and a course of physical therapy. The patient is off from work duty through 07/22/2015.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p76-80.

Decision rationale: The claimant sustained a work injury in October 2007 and is being treated for neck, back, and left shoulder and arm pain. She was seen for an initial evaluation on 06/10/15. She was not being actively treated by any provider. Physical examination findings included cervical, the rustic, and lumbar spine tenderness with muscle spasms. There was decreased spinal range of motion. Cervical compression testing was positive. There was decreased left shoulder range of motion with tenderness and positive impingement testing. She had elbow tenderness with positive Cozens and Mills testing. There was decreased strength and sensation. An interferential stimulation unit was prescribed. Urine drug screening was performed. There were no medications prescribed and no current medications were documented. The assessment does not reference planned use of opioid medication. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, when seen no medications were being taken and none were prescribed. There was no reference to planned use of opioid medication and there were no identified issues of abuse or addiction. Therefore, urine drug screening was not medically necessary.