

Case Number:	CM15-0173836		
Date Assigned:	09/15/2015	Date of Injury:	08/14/2014
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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

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 73 year old male who sustained an industrial injury on 8-14-2015. A review of medical records indicates the injured worker is being treated with cervical strain, with cervical radiculopathy on the left, rotator cuff tear, left shoulder, lumbosacral strain, sciatic nerve root irritation on the left, and left hip contusion with trochanteric bursitis on the left. Medical records dated 8-14-2015 indicate insomnia was improved and his blood pressure has been controlled while taking medication. Physical findings dated 8-14-2015 indicate there was tenderness of the cervical spine. Cervical flexion was 20 degrees, extension 20 degrees, right lateral flexion 20 degrees, left lateral flexion was 20 degrees, right rotation was at 60 degrees, and left rotation was at 60 degrees. There was tenderness in the left shoulder. There was tenderness to the left hip. Treatment has included medications. The plan included a follow up evaluation and medications. The Utilization review form dated 8-26-2015 noncertified outpatient internal medicine consultation follow up for hypertension and a urine toxicology screen and confirmation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Internal Medicine Consultation follow-up: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, Chapter 7, page 127.

Decision rationale: The 73 year old patient complains of left hip pain, rated at 6/10, as per progress report dated 08/07/15. The request is for OUTPATIENT INTERNAL MEDICINE CONSULTATION FOLLOW-UP. The RFA for this case is dated 08/07/15, and the patient's date of injury is 08/14/14. The patient complains of left shoulder pain and worsening hernia pain, and has been diagnosed with left shoulder rotator cuff tear, as per progress report dated 08/03/15. Diagnoses, as per progress report dated 08/07/15, included cervical multilevel disc displacement, cervical neural foraminal narrowing, left hip sprain/strain, enlarged right hydrocele (remaining conditions are illegible). Diagnoses, as per progress report dated 06/18/15, included cervical strain with left cervical radiculopathy, left shoulder rotator cuff tear, lumbosacral strain, left sciatic nerve irritation, and left hip contusion with left trochanteric bursitis. Medications included Atenolol, Metformin, Omeprazole and Lisinopril. The patient is off work, as per progress report dated 08/03/15. Regarding follow-up visits, MTUS Chronic Pain Guidelines 2009, page 8 and Pain Outcomes and Endpoints section, states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, several reports are handwritten and difficult to decipher. A request for Internal Medicine consultation is noted in progress report dated 07/08/15. While the report is not completely legible, the treater appears to state that the patient "needs BMP." An internal medicine report, dated 08/14/15, is also available for review and it states that the patient has hypertension and insomnia, and is being treated for the same. None of the reports appear to discuss the current request. Nonetheless, an Internal Medicine follow-up appears reasonable due to patient's symptoms and is supported by MTUS. Hence, the request is medically necessary.

Outpatient Urine Toxicology Screen and Confirmation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Screen.

Decision rationale: The 73 year old patient complains of left hip pain, rated at 6/10, as per progress report dated 08/07/15. The request is for OUTPATIENT URINE TOXICOLOGY SCREEN AND CONFIRMATION. The RFA for this case is dated 08/07/15, and the patient's date of injury is 08/14/14. The patient complains of left shoulder pain and worsening hernia pain, and has been diagnosed with left shoulder rotator cuff tear, as per progress report dated 08/03/15. Diagnoses, as per progress report dated 08/07/15, included cervical multilevel disc displacement, cervical neural foraminal narrowing, left hip sprain/strain, enlarged right

hydrocele (remaining conditions are illegible). Diagnoses, as per progress report dated 06/18/15, included cervical strain with left cervical radiculopathy, left shoulder rotator cuff tear, lumbosacral strain, left sciatic nerve irritation, and left hip contusion with left trochanteric bursitis. Medications included Atenolol, Metformin, Omeprazole and Lisinopril. The patient is off work, as per progress report dated 08/03/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, p77, under Opioid management section: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, several reports are handwritten and difficult to decipher. The patient underwent an urine toxicology screening on 07/08/15, as per progress report with the same date. A prior UDS report dated 06/08/15 is also available for review. The treater, however, does not explain the need for such frequent testing. Additionally, there is no indication that the patient is on opioid therapy. The treating physician does not discuss the patient's opioid dependence risk either. MTUS only supports UDS in patients taking opioid medications. Hence, the request is not medically necessary.