

Case Number:	CM15-0025818		
Date Assigned:	02/18/2015	Date of Injury:	08/16/2012
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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 40 year old female who sustained a work related injury August 16, 2012. Past medical history includes hypertension, diabetes mellitus, obesity and depression. According to a primary treating physician's progress report, dated November 6, 2014, the injured worker presented for follow-up with complaints of pain to the lumbar spine, right shoulder, bilateral wrists, bilateral hand and fingers. The lower back pain is rated 7/10, with radiation to the left lower extremity, mainly posterior thigh to the foot. The right shoulder pain is rated 7/10 and 8/10 with any forceful motion at or above the shoulder level. She also describes bilateral hand/wrist pain with numbness 6/10 and becoming 8/10 with forceful gripping or grasping. There is decreased range of motion of the lumbar spine; straight leg raise positive on the left at 60 degrees with radiation of pain to the posterior thigh. The right shoulder revealed decreased range of motion in all planes; 140/180 degrees forward flexion and abduction, 60/90 degrees internal and external rotation; impingement signs were positive. The bilateral wrists revealed decreased range of motion in each wrist 40/60 degrees for both flexion and extension with a positive Phalen's test. Diagnoses included chronic cervical strain; chronic lumbar strain, rule out herniation; left shoulder rotator cuff syndrome, rule out tear; bilateral wrists tendonitis, rule out carpal tunnel syndrome. Treatment plan includes request for consultations; internal medicine, psychiatrist, and spine and nerve studies. According to utilization review dated January 12, 2015, the request for Consultation with the Psychologist is non-certified, citing ACOEM Guidelines. The request for Consultation with the Spine Surgeon for the Lumbar Spine is non-certified, citing ACOEM Guidelines. The request for Physical Therapy 2 x 4 is non-certified, citing MTUS Chronic Pain

Medical Treatment Guidelines: Physical Medicine and Official Disability Guidelines (ODG): Physical Therapy Guidelines. The request for Urine Toxicology Screen is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with the psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient was injured on 08/16/2002 and presents with pain in her lumbar spine, right shoulder, bilateral wrist, bilateral hand, and bilateral fingers. The request is for a CONSULTATION WITH THE PSYCHOLOGIST. The utilization review denial rationale is that "There is no documentation of any complaints of depression or anxiety. There is no abnormal mental status examination documented." The RFA is dated 11/17/2014 and the patient is not currently working. Her lower back pain radiates to the lower extremity, mainly posterior thigh to the foot. Her right shoulder pain is worse with any forceful motion at or above shoulder level. Examination of the lumbar spine revealed decreased range of motion, a positive straight leg raise at 60 degrees with radiation to the posterior thigh, and the right shoulder also had a decreased range of motion with a positive impingement sign. The patient has a decreased range of motion to the bilateral wrist as well as a positive Phalen's test. She is diagnosed with chronic cervical strain, chronic lumbar strain, left shoulder rotator cuff syndrome, left lower extremity radicular pain, and bilateral wrist tendinitis. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. The 11/06/2014 report states that "The patient does continue with significant lower back pain, with radiation to the left lower extremity. She has undergone epidural steroid injections with temporary benefit only. She notes because of the significant pain symptomatology, she feels that she cannot sleep. She also feels incredibly stressed and depressed. Because of loss of gainful employment as well as her family, she will subsequently be referred for psychological consultation secondary to prolonged issues." Given that the patient is "incredibly stressed and depressed" a consultation with a psychologist appears medically reasonable. The requested consultation with the psychologist IS medically necessary.

Consultation with the spine surgeon for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient was injured on 08/16/2002 and presents with pain in her lumbar spine, right shoulder, bilateral wrist, bilateral hand, and bilateral fingers. The request is for a CONSULTATION WITH SPINE SURGEON. The utilization review denial rationale is that "There is no red flag present, no neurologic deficit, and no indication that there is a surgical lesion." The RFA is dated 11/17/2014 and the patient is not currently working. Her lower back pain radiates to the lower extremity, mainly posterior thigh to the foot. Her right shoulder pain is worse with any forceful motion at or above shoulder level. Examination of the lumbar spine revealed decreased range of motion, a positive straight leg raise at 60 degrees with radiation to the posterior thigh, and the right shoulder also had a decreased range of motion with a positive impingement sign. The patient has a decreased range of motion to the bilateral wrist as well as a positive Phalen's test. She is diagnosed with chronic cervical strain, chronic lumbar strain, left shoulder rotator cuff syndrome, left lower extremity radicular pain, and bilateral wrist tendinitis. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." MTUS/ACOEM Chapter 12, Low Back Complaints, page 305, under to topic "Surgical Considerations" states surgical consultation is indicated for patients who have: "Failure of conservative treatment to resolve disabling radicular symptoms." The 11/06/2014 report states "Because of the patient's ongoing lower back issue with radiation of pain to the left lower extremity that has failed conservative treatment measures, medication management, activity restrictions as well epidural steroid injections, she does remain indicated for an orthopedic surgical consultation for recommendation in regards to the patient's radiating pain as well as positive MRI finding." It appears that the patient may need surgical intervention and given her chronic lower back pain, a second opinion appears medically reasonable. Therefore, the requested consultation with the spine surgeon for the lumbar spine IS medically necessary.

Physical therapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98-99.

Decision rationale: The patient was injured on 08/16/2002 and presents with pain in her lumbar spine, right shoulder, bilateral wrist, bilateral hand, and bilateral fingers. The request is for PHYSICAL THERAPY 2 x 4. There is no RFA provided and the patient is currently not working. According to the 01/12/15 utilization review letter, the patient was already approved

for 8 sessions of physical therapy for her lumbar spine on the 12/17/14 utilization review letter. MTUS page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the patient has already been approved for 8 sessions of physical therapy for the lumbar spine. An additional 8 sessions of therapy would exceed what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient was injured on 08/16/2002 and presents with pain in her lumbar spine, right shoulder, bilateral wrist, bilateral hand, and bilateral fingers. The request is for a URINE TOXICOLOGY SCREEN. There is no RFA provided and the patient is not currently working. The patient had a prior urine toxicology done on 09/12/2014 which revealed that the patient was compliant with her medications. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. The report with the request is not provided. The 11/06/2014 report does not provide a list of medications that the patient is taking. The 09/12/2014 report indicates that the patient is taking lisinopril, tramadol, and ranitidine. The treater does not explain why another UDS needs to be certified and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is a high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine toxicology screen IS NOT medically necessary.