

Case Number:	CM15-0072511		
Date Assigned:	04/22/2015	Date of Injury:	01/02/2008
Decision Date:	05/20/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/16/2015

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 35 year old female, who sustained an industrial injury on January 2, 2008. She was diagnosed with cervical discopathy with disc displacement, cervical radiculopathy, lumbar discopathy, lumbar radiculopathy, and bilateral carpal tunnel syndrome. Treatments included physical therapy, surgery, pain medications, topical compounded medications, occupational therapy and acupuncture. Currently, the injured worker complained of cervical spine and upper shoulder pain radiating to both arms with numbness and tingling in both hands. The treatment plan that was requested for authorization included urine toxicology testing and massage therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS); Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78.

Decision rationale: The claimant sustained a work injury in January 2008 and continues to be treated for radiating neck and shoulder pain. Medications include Ultram and Norco being prescribed on a long-term basis. Urine drug screening was performed in July 2014. When seen, there was cervical and lumbar spine tenderness with decreased range of motion. Tinel Phalen testing was positive bilaterally. Massage therapy was requested for the relief of muscle spasms. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or reported on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. Therefore requesting another urine drug screening test within one year was not medically necessary.

Massage therapy (unspecified number of sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60 Page(s): 60.

Decision rationale: The claimant sustained a work injury in January 2008 and continues to be treated for radiating neck and shoulder pain. Medications include Ultram and Norco being prescribed on a long-term basis. Urine drug screening was performed in July 2014. When seen, there was cervical and lumbar spine tenderness with decreased range of motion. Tinel Phalen testing was positive bilaterally. Massage therapy was requested for the relief of muscle spasms. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there is no adjunctive treatment being planned. Therefore, this request was not medically necessary.