

Case Number:	CM15-0077082		
Date Assigned:	04/28/2015	Date of Injury:	01/18/2013
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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, who sustained an industrial injury on 1/18/13. She reported tripping over uneven ground and injuring her lower back and bilateral lower extremities. The injured worker was diagnosed as having lumbar radiculopathy, thoracic sprain, superior glenoid labrum lesion and right hip internal derangement. Treatment to date has included MRIs, physical therapy, acupuncture, chiropractic treatments and oral and topical medications. As of the PR2 dated 2/26/15, the injured worker reports ongoing pain in her back, right shoulder and right hip. She rated the pain in her shoulder a 6/10 and the pain in her right hip a 7/10. The treating physician noted right shoulder range of motion is painful. There was no documentation of previous urine toxicology results. The treating physician requested an orthopedic consultation for a possible right bursa injection and a urine toxicology.

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 Criteria for the use of Opioids; Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "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. "High risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. As such, the request for a Urine Toxicology is not medically necessary.

Orthopedic Consultation for Possible Right Bursa Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127;92;305. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Trochanteric Bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), Intra-articular steroid hip injection (IASHI).

Decision rationale: MTUS is silent regarding steroid hip injections ODG refers to Intra-articular steroid hip injection for "steroid injection." ODG states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis." Medical records do not indicate that the patient has moderately advanced or severe OA or hip trochanteric bursitis. As such, the request for Orthopedic Consultation for Possible Right Bursa Injection is not medically necessary at this time.