

<b>Case Number:</b>	CM15-0090815		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 41 year old female, who sustained an industrial injury on October 1, 2009. She reported low back pain, shoulder pain and right knee tenderness after being struck by the buttocks of another employee while cooking in a kitchen. The injured worker was diagnosed as having obesity, right knee pain, mechanical symptoms, right shoulder sprain/strain, lumbar sprain/strain and anxiety and stress. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of chronic migraines, low back pain, shoulder pain and right knee pain with associated difficulty sleeping and depression and anxiety. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on September 9, 2014, revealed continued pain as noted. She was advised to diet, avoid prolonged standing and to continue a home exercise plan. Medications were renewed. Magnetic resonance imaging of the right knee revealed degenerative changes and a meniscal tear. Psychological evaluation on October 15, 2014, revealed continued pain and psychological abnormalities associated with pain. Sleep study on February 5, 2015, revealed abnormalities suggestive of impeding a full recovery. Evaluation on February 11, 2015, revealed continued pain as noted. A follow up, a range of motion exam and a urinary drug screen were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the lower back, both shoulders, right hip, right knee, and decreased sleep. These records did not suggest the worker was prescribed any restricted medications, detail an individualized risk assessment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for urinary toxicology testing is not medically necessary.

**Follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing pain in the lower back, both shoulders, right hip, right knee, and decreased sleep. These issues were interfering with the worker's function. However, the request was for unspecified follow up care, which prevents the determination of medical need. For this reason, the current request for follow up care is not able to be deemed medically necessary.

**Range of motion testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. Assessing the worker's pain and other symptoms, determining the worker's functional abilities, evaluating physical findings, and measuring joint ranges of motion are some of the components in a routine evaluation. The submitted and

reviewed documentation contained no discussion sufficiently supporting the need for range of motion testing separate from the worker's routine follow up care. In the absence of such evidence, the current request for range of motion testing is not medically necessary.