

Case Number:	CM15-0091521		
Date Assigned:	05/15/2015	Date of Injury:	08/23/2013
Decision Date:	07/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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: Preventive Medicine, Occupational 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 34-year-old female, who sustained an industrial injury on 08/23/2013. She has reported subsequent neck, low back and head pain and was diagnosed with cervical and lumbar herniated nucleus pulposus. Treatment to date has included oral pain medication and shockwave therapy. In a doctor's first report of illness or injury dated 04/06/2015, the injured worker complained of neck, low back and head pain, stress and sleep disorder. Objective findings were notable for decreased range of motion of the cervical and lumbar spine with spasm and tenderness of C5-C7 and L4-S1. A request for authorization of urine drug screen, pain management consult, sudoscan and autonomic nervous study was submitted. There was no explanation as to why these requests were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: UDS (duplicate) on 3/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen.

Decision rationale: MTUS Guidelines support the use of urine drug screening when there is opioids utilized. However, the MTUS Guidelines do not address the medical necessity of repeat testing. ODG Guidelines address the issue of repeat testing in detail and they recommend only annual testing in individuals at low risk for misuse. There is no documentation that this individual is anything other than low risk for misuse. Under these circumstances, the Guidelines do not support the repeat UDS 3/23/15. It was not medically necessary.

Pain management consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Guidelines give fairly large leeway to secondary opinions or recommendations if the treating physician is uncomfortable with treatment or current diagnosis. This individual has developed long-term problems/pain with delayed recovery. A pain management consult is supported by Guidelines and is medically necessary.

Sudoscans: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CRPS diagnostic testing.

Decision rationale: MTUS Guidelines do not directly address Sudoscans testing. ODG Guidelines do address this test and are specific in the recommendation that it is not generally recommended. There is no information documented that leads to a reasonable diagnosis of CRPS syndrome and there are no unusual circumstances that would justify an exception to the Guideline recommendations. The Sudoscans is not supported by Guidelines and is not medically necessary.

Autonomic nervous study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Autonomic nervous system functions testing.

Decision rationale: MTUS Guidelines do not address this particular test. ODG Guidelines address this test in conjunction with testing associated with CRPS syndrome. The Guidelines are very specific in stating that Autonomic nervous system function testing is not generally indicated. There is no information provided in the records that would support an exception to the Guideline recommendations. The Autonomic nervous system study is not supported by Guidelines and is not medically necessary.