

<b>Case Number:</b>	CM15-0094950		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Pain Management, 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:

This 59-year-old female sustained an industrial injury to the neck, back and shoulders via cumulative trauma from 1/9/13 to 1/9/14. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, chiropractic therapy, massage and medications. Urine drug screening dated 1/6/15 was appropriate. In a PR-2 dated 4/28/15, the injured worker complained of pain to the cervical spine, thoracic spine and lumbar spine rated 5/10 on the visual analog scale. The injured worker reported that her pain was improving and that acupuncture was helping. The injured worker also complained of anxiety and depression. Current diagnoses included overuse syndrome with cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain and pain related to anxiety and depression. The treatment plan included refilling medications (Anaprox, Prilosec and Mentherm cream), urine toxicology screening, and repeat magnetic resonance imaging to bilateral shoulders and return to clinic in 4-6 weeks.

### 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.

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

**Decision rationale:** MTUS 2009 states that urine drug testing is an option to detect the presence of illicit drugs if suspected. The patient has already had urine drug testing performed recently. Illicit drugs were not detected or tested. The list of drugs tested is not included in the requisition. The prior test did not detect any unexpected drugs. There is no explanation provided why additional testing is needed and there is no evidence of illicit drug use. This request for urine drug testing is not medically necessary.

**Follow-up in 4-6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** ACOEM also states that follow-up is appropriate is appreciable recovery is reasonably expected. The patient has chronic pain but is prescribed medications that she receives. The patient can return as needed for rather than scheduled since her condition has reached maximal medical improvement. She can receive additional care as needed for flare-ups or aggravations rather than continuously as requested. Therefore, a routine follow-up appointment is not medically necessary.

**MRI of the right shoulder:** 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) Magnetic Resonance Imaging.

**Decision rationale:** ODG provides criteria for MRIs of the shoulder and recommends against repeat MRIs of the shoulder. The prior MRI did not reveal any muscle tears or impingement. There is no explanation provided as to why a repeat MRI is needed. This request for a repeat MRI is not medically necessary.

**Continue physical therapy three times six weeks right shoulder:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Physical Therapy.

**Decision rationale:** ODG recommends up to 10 sessions of physical therapy for impingement syndrome. The patient has already received physical therapy adherent to ODG guidelines. There is no explanation provided as to why therapy exceeding evidence-based guidelines is needed or any goals for the additional PT. This request for additional PT does not adhere to ODG and is not medically necessary.