MAXIMUS Federal Services

Case Number:	CM15-0097752		
Date Assigned:	05/28/2015	Date of Injury:	05/04/2010
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 44-year-old female who sustained an industrial injury on 5/4/10. The injured worker was diagnosed as having multilevel lumbar disc herniation with stenosis status post posterior fusion and anterior fusion, left lower extremity radicular pain with S1 radiculopathy and weakness, chronic left ankle sprain, chronic cervical sprain, urinary and fecal incontinence. Currently, the injured worker was with complaints of pain in the cervical and lumbar spine and left ankle. Previous treatments included status post fusion and medication management. The injured workers pain level was noted as 8/10 without medication and 4/10 with the use of medication. Physical examination was notable for limited range of motion in the cervical and lumbar spine and tenderness to palpation to the cervical and lumbar spine as well as the acromioclavicular joint. The plan of care was for a vascular study, gastroenterology consultation and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral vascular study, peripheral and venous: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American College of Radiology, (ACR- AIUM-SRU) Practice Parameter for the performance of peripheral arterial ultrasound and Practice Parameter for the performance of peripheral venous ultrasound.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 165-194, 253-286.

Decision rationale: CA MTUS is silent specifically regarding vascular studies/consultation. ACOEM does not specifically reference vascular studies, but does indicate that certain red flags ("signs of serious infection or tumor (rarely metastatic) or manifest symptoms and signs of serious systemic disease (e.g., inflammatory arthritis, vascular disease), or neurologic conditions") would warrant additional surgical evaluation. The available medical record is very limited and does not note what the treating physician's diagnosis regarding this requested study is. It does not provide any medical justification supporting this request. Progress notes did not describe a vascular problem that might require consultation, to include objective vascular physical exam findings. Additionally, there were no subject or objective findings documenting "red flags", which would indicate vascular issues warranting further investigation. As such, the request for bilateral vascular study, peripheral and venous is not medically necessary.

Gastroenterology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127 and Official Disability Guidelines (ODG): Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: MTUS is silent regarding visits to a GI specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The treating physician notes GI symptoms not relieved by current therapies, which provides an acceptable medical rationale as to why a GI consult is needed. As such, the request for Gastroenterology consultation is medically necessary and I am reversing the prior decision.

Urine toxicology screening, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Opioids, and Steps to Avoid Misuse/Addiction Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non- terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

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." There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. Further, the available medical record notes that urine drug screens were performed in JAN 2015 and JUL 2015, which, per the above noted recommendation, meets the requirement for non - malignant individuals receiving opioids. As such, the request for urine toxicology screening is not medically necessary.