

Case Number:	CM14-0154255		
Date Assigned:	10/07/2014	Date of Injury:	01/24/2013
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 01/24/2013. The mechanism of injury was not provided. On 08/14/2014 the injured worker presented with cervical spine and right shoulder pain. An MRI of the cervical spine performed in 05/2013 revealed significant disc protrusions at C3-4, C4-5, and C5-6 with a 3 mm and 4 mm at C3-4. There is significant osteophytosis noted at more than 1 level. Upon examination there was decreased range of motion of the cervical spine, a positive cervical compression to the right with radiation of pain to the right anterior lateral forearm, and medial forearm. There is tenderness to palpation of the right parascapular area and tenderness over the subacromial area over the right clavicle. The range of motion was slightly decreased. The diagnoses were cervical strain and right shoulder strain. The provider recommended toxicology screen and a consultation to a spine surgeon for the cervical spine. The toxicology screen was requested as part of a pain treatment agreement during opioid therapy. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Surgeon Consultation for Cervical Spine: 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 ACOEM, Chapter 6, page 163.

Decision rationale: The request for orthopedic spine surgeon consultation for cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinees fitness to return to work. There is lack of documentation on how a consultation will aid the provider in evolving in a treatment plan or goals for the injured worker. There is no clear rationale to support the use of a consultation. As such, medical necessity has not been established.

Urine Toxicology Screen: 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) Urine Drug Test, Opioids

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

Decision rationale: The request for urine toxicology screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids for ongoing management and as a screening for risks of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. A urine drug screen would be appropriate for ongoing management of opioid use, however, it is unclear when the last urine drug screen test was performed. As such, medical necessity has not been established.