

Case Number:	CM13-0031638		
Date Assigned:	12/18/2013	Date of Injury:	12/05/2011
Decision Date:	03/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 49-year-old female who reported an injury on 12/05/2011, after she assisted with transferring a patient. The patient reportedly sustained an injury to her left shoulder. The patient underwent an MRI of the cervical spine that provided evidence of a 4 mm herniated disc at multiple levels. The patient was treated conservatively with medications and physical therapy. The patient was regularly monitored with urine drug screens that provided consistent results. The evaluation for the requested date of service 05/08/2013 documented that the patient had limited cervical range of motion with normal motor strength in the bilateral upper extremities. The patient's diagnoses included herniated discs at the C4-5, C5-6, and C6-7. The patient's treatment plan included cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for UDS (dos: 5/8/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: The retrospective request for urine drug screen, date of service 05/08/2013, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of urine drug screens to monitor patients who are suspected of illicit drug use or exhibit noncompliant behaviors. The clinical documentation submitted for review for date of service 05/08/2013 does not provide any evidence of overuse or misuse of medications. As the patient was recently administered a urine drug screen that was consistent with the patient's medication schedule; therefore, an additional urine drug screen would not be indicated. As such, the retrospective request for the urine drug screen on date of service 05/08/2013 is not medically necessary or appropriate.