

Case Number:	CM13-0033248		
Date Assigned:	12/06/2013	Date of Injury:	07/08/2004
Decision Date:	03/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine 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 injured worker has had multiple injuries, including upper back and extremities, rotator cuff tear, and, as of July 24, 2004, cervical myofascial pain syndrome and chronic recurrent musculoligamentous injury, C4-5 and C5-6 and mild lumbar spine degenerative disc disease. She is declared permanent and stationary with regard to cervical spine, bilateral hands and low back, with partial disability since 2007. June 2013 evaluation reports that the worker has been treated with rest, bracing, and twice weekly sessions of physical therapy and chiropractic care in 2012 - 2013. Further care has included at least 6 sessions physical therapy. Medications in 2012 were ibuprofen only. Current medications are not reported. MRI in January 2013 showed multilevel degenerative disc disease, C3-C4, C5-6 foraminal encroachment, moderate C5-6 spondylosis and spinal stenosis and C6-7 questionable autofusion.

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 ACOEM Chapter 15 Stress Related Conditions Page(s): 397, Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: MTUS guidelines for chronic pain suggest that use of a urine drug screen to assess for the use or presence of illegal drugs be considered for the use or presence of illegal drugs (p.77). For ongoing management of chronic pain, drug screening is indicated where there are issues of abuse, addiction or poor pain control [p.78]. This appeal states that the Provider's concern was to monitor compliance for drug interactions with prescriptions written by other providers. However, a similar test was performed one month prior in June 2013. From records provided the worker is receiving only ibuprofen, thus receiving no drugs with potential for abuse; there are no warning signs of abuse; a recent test was negative. Therefore the procedure is not medically necessary