

Case Number:	CM13-0033970		
Date Assigned:	12/06/2013	Date of Injury:	06/28/2012
Decision Date:	01/23/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery 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 claimant is a 41-year-old female who was injured in a work related accident on June 28, 2012. Records indicate initial complaints of cervical pain. A recent clinical assessment dated November 20, 2013 by treating physician [REDACTED] indicated the claimant was with continued complaints of neck and low back pain, moderate to severe in nature with cervical examination demonstrating restricted range of motion equal and symmetrical reflexes with positive paralumbar muscular tenderness and no documentation of motor weakness. The claimant on that date was diagnosed with low back pain, radicular bilateral lower extremity pain with neuropathic pain, right greater trochanteric bursa pain, a right hip contusion, left shoulder tenderness, cervical strain and headaches. The request at that time was for facet joint injections in the lumbar spine. Documentation of current medication use was not given at that time. Records indicate that the claimant has undergone urine drug testing on April 8, 2013, May 15, 2013, June 12, 2013, July 10, 2013 and August 7, 2013. There is documentation of chronic use of Tylenol #3 for pain. There is request of a urinalysis in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: 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), Indications for UDT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen..

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screens are typically indicated to determine misuse of medications in a multidisciplinary setting. Records indicate that the claimant has undergone urine toxicology screen on five occasions between April and August of 2013. There is no documentation of misuse of agents that have included Tylenol #3. At present there would be no current indication for a urinalysis based on the claimant's clinical symptoms given the number of previous recent urine drug screens that have already been performed.