

Case Number:	CM13-0035344		
Date Assigned:	12/13/2013	Date of Injury:	04/06/2012
Decision Date:	03/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 42-year-old gentleman who was injured in a work-related accident 04/06/12. The recent clinical assessments provided for review included a 10/02/13 progress report by [REDACTED] documenting a current diagnosis of cervicalgia, cervical radiculopathy, bilateral shoulder pain, bilateral wrist tenosynovitis, lumbago, and lumbar radiculopathy. [REDACTED] noted that subjectively the claimant had continued complaints of burning neck pain with radiating pain to the upper extremities, bilateral shoulder complaints aggravated with activities, wrist complaints with spasm also aggravated by activities, and low back pain with radiating leg pain and muscle spasm. Physical examination showed tenderness to palpation of the cervical spine with restricted range of motion at end points and full range of motion of the bilateral shoulders with tenderness over the deltoid-pectoral groove and insertion of the supraspinatus. There was also tenderness over the carpal bones of the wrist, restricted lumbar range of motion, and sensory changes to the L4 through S1 dermatomal distribution. Based on medication usage, the recommendation was for a urinalysis for standard toxicology evaluation. Also recommended was a continued course of formal physical therapy and chiropractic measures three times a week for six additional weeks. The records indicated the claimant had previous treatment on 04/19/13 with no apparent issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urine drug test: 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), Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 77.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, a urine drug screen in this case would not be supported. The records do not indicate misuse of medication with the claimant having previous urine drug screens on a chronic basis performed within normal limits. Lack of documentation of recent usage of medications coupled with results of previous drug screens available for review would fail to support the request for the proposed testing.