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| Case Number: | CM13-0037913 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/28/2012 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 Mississippi. 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 42 year-old female who was reportedly injured on June 28, 2012. The mechanism of injury was noted as a piece of equipment falling on her and then two emergency medical technicians falling on top of her inside an ambulance during a near collision. The most recent progress note, dated November 20, 2013, indicated that there were ongoing complaints of neck and back pains moderate to severe, which are radicular and neuropathic in nature. The physical examination demonstrated cervical spine with no tenderness to palpation, no spasms, and Spurling's negative. The range of motion and strength were normal. The sensation decreased at right C6 distribution and hypersensitivity at C7 on the left. The lumbar spine had paraspinous tenderness. The strength and deep tendon reflexes were normal. Pain with extension was otherwise normal. Diagnostic imaging studies from November 6, 2012 reported a 2 mm to 3 mm bulge at L5-S1 abutting left S1 nerve root on nerve conduction studies of the upper extremities. Previous treatment included chiropractor treatments, non-steroidal anti-inflammatory drugs, muscle relaxants, epidural steroid injection of the lumbar spine times 2 and L3, L4, L5 medial branch blocks. A request has been made for a urine drug screen.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA
MTUS p 78. 4) On-going management (e.), criteria for use CRITERIA FOR USE OF OPIOIDS
Page(s): 74.

Decision rationale: The documentation provided does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the claimant with controlled substances. As such, the request is considered not medically necessary.