

Case Number:	CM13-0051964		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2008
Decision Date:	03/20/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/15/2013

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, with a subspecialty in Pulmonary Diseases, 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 41-year-old female who reported injury on 09/12/2008. The mechanism of injury was noted to be the patient had an angry student rush her and push her back forcefully, throwing her off her feet, making her fall backwards and strike her head, neck, right shoulder, and back. The patient, per the most recent objective examination, was noted to have a 6/5 Waddell's sign for non-organic pain. However, it was opined on 07/02/2013 the patient did not have any Waddell's sign and had clear dermatomal pain and paresthesias in the right upper extremity, as well as the right lower extremity with sciatic notch tenderness, positive straight leg raise in the lower extremity, and positive Spurling's in the upper extremity, which was noted to be consistent with signs of radiculopathy. The patient's diagnoses were noted to be herniated nucleus pulposus at C5-6 and C6-7, status post right shoulder reconstruction with residual fibromyalgia, and anxiety and depression secondary to industrial pain. The request was made for final confirmation of urine drug tests results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final confirmation of urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Screen Section

Decision rationale: Official Disability Guidelines indicate that the patient should have a point of contact immunoassay test, and if the testing is appropriate, confirmatory lab testing is not required. The clinical documentation submitted for review failed to indicate the medications the patient was taking to support the necessity for a urine drug screen and there was a lack of documentation of the results of the point of care test to support a necessity for confirmatory testing. The request for a final confirmation of urine drug test is not medically necessary or appropriate.