

Case Number:	CM13-0068280		
Date Assigned:	01/03/2014	Date of Injury:	06/07/2013
Decision Date:	03/31/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Geriatrics and is licensed to practice in New York. 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 is a 48 year old man with a date of injury of 6/7/13. He was seen by his primary treating physician on 11/20/13 after completing physical therapy which was not helpful. He had ongoing neck and back pain with radiation. He had decreased cervical spine range of motion more limited on extension than flexion and with lateral bending and hyperesthesias in the C7 distribution of the left upper extremity. He had focal tenderness at the lumbosacral junction with limited range of motion. His diagnoses were cervical and thoracic sprain with cervicogenic headaches, radiation to the upper extremities, questionable right eye injury and questionable pulmonary injury. A cervical and lumbar spine MRI was requested in addition to an evaluation by an ophthalmologist and internist. Urine drug testing was performed with the primary treating physician's visit of 8/8/13 and is at issue in this review for a repeat urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

Decision rationale: This injured worker has a history of chronic back pain with radiation. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioids use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has been completed in 8/13. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen is not medically necessary.