

Case Number:	CM14-0005348		
Date Assigned:	01/24/2014	Date of Injury:	04/18/2012
Decision Date:	06/23/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 50-year-old female who reported injury on 04/18/2012. The mechanism of injury was the injured worker experienced burning pain in the left shoulder while collecting tolls. The diagnosis was cervical spinal stenosis. The documentation of 11/18/2013 revealed the injured worker had numbness and tingling over the posterior aspect of her left arm around her triceps. The medications were not provided. The submitted request was for a retrospective urine drug screen 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG SCREEN (DATE OF SERVICE 11/25/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, URINE DRUG SCREEN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens when there are documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse,

addiction, or poor pain control. The medications that were being utilized were not provided to support the necessity. There was no DWC Form RFA or PR-2 submitted for the requested date of service, 11/25/2013. Given the above, the request for retrospective urine drug screen (date of service 11/25/13) is not medically necessary.