

<b>Case Number:</b>	CM14-0106825		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Nevada. 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 records presented for review indicate that this 69 year-old individual was reportedly injured on 1/24/2002. The mechanism of injury is not listed. The most recent progress note dated 5/30/2014, indicates that there are ongoing complaints of neck pain, bilateral upper extremity pain, low back pain, and bilateral knee pain. The physical examination demonstrated cervical spine: positive tenderness to palpation over the spinous processes and interscapular muscles at C3 of the cervical spine. Tenderness to palpation and spasm over the paravertebral and upper trapezius muscles of the cervical spine. Decreased range of motion. Muscle strength 5/5 equal bilaterally. Decreased sensation over C6, C7, C8 dermatomes on the left. Positive Phalen's on the right. Shoulder: arthroscopic portals noted over bilateral shoulders. Positive tenderness to palpation to the coracoid process, bilaterally anterior and posterior shoulder joint on the left, middle portion of the shoulder joint on the right. Decreased range of motion bilaterally compared to normal. Lumbar spine: patient is unable to toe or heel walk. Positive tenderness to palpation of the sciatic notch on the right side. Decreased range of motion of the lumbar spine. Positive pain and spasms with extension. Positive straight leg raise bilaterally at 60 degrees. Decreased sensation of the L5 dermatome on the right. No recent diagnostic studies are available for review. Previous treatment includes previous shoulder arthroscopy's a request had been made for urine drug screen and was non-certified in the pre-authorization process on 6/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen testing:** 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 Drug testing Page(s): 43.

**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. Current not records state patient is taking over-the-counter Tylenol. As such, the request is considered not medically necessary.