

Case Number:	CM14-0108412		
Date Assigned:	08/01/2014	Date of Injury:	08/03/2013
Decision Date:	10/21/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 & Rehabilitation 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 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 41-year-old male with a reported injury on 08/03/2013. The mechanism of injury was a motor vehicle accident. The injured worker's diagnoses included cervical spine musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain with radiculitis, rule out lumbosacral spine discogenic disease, and bilateral hip sprain/strain. The injured worker's previous treatments included medications, acupuncture, chiropractic care, lumbar support, physical therapy, localized intensive neurostimulation therapies, hot/cold therapy, and a neck pillow. The injured worker's diagnostic testing included multiple x-rays. No pertinent surgical history was provided. The injured worker was evaluated on 05/22/2014, where he complained of neck, hip, thigh, and lower back pain with radiation in the pattern of the L4 dermatome. The injured worker rated his neck pain as 3/10, which was increased from 2/10 on 04/17/2014. The lower back pain was 5- 6/10, which was decreased from 6/10 on 04/17/2014. The bilateral hip and thigh pain was rated at 4/10, which was a decrease from 5/10 on the previous visit. The clinician observed and reported focused physical exams on the cervical spine. The clinician noted grade 2 tenderness to palpation over the paraspinal muscles, which had remained the same since the last visit. There was restricted range of motion. In the lumbar spine, there was grade 2 tenderness to palpation over the paraspinal muscles, which was the same as the last visit. There was restricted range of motion. The straight leg raise was positive bilaterally. In the bilateral hips there was grade 2 tenderness to palpation, which was unchanged from the previous visit. The bilateral thighs and knees had grade 2 tenderness to palpation. There were no changes in the neurocirculatory examination. The injured worker's medications included Ibuprofen. The request was for urine toxicology. No rationale for the request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Page(s): 94..

Decision rationale: The request for urine toxicology is not medically necessary. The injured worker continued to complain of pain to his neck, low back, and hips. The California MTUS Chronic Pain Guidelines do recommend frequent, random urine toxicology screens for patients who are prescribed opioids. The provided documentation did not indicate that he injured worker had been prescribed opioids. The only medication listed on the documentation from 4 separate visits was Ibuprofen. Therefore, the request for urine toxicology is not medically necessary.