

Case Number:	CM14-0114996		
Date Assigned:	08/04/2014	Date of Injury:	07/26/2013
Decision Date:	10/01/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/23/2014

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 Illinois. 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 49 year old male who reported a date of injury of 07/26/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of tendonitis carpal tunnel syndrome with a positive NCV to the right and left, cubital tunnel syndrome, sprain/strain of the lumbar and cervical spine with herniated discs and clinical symptoms of radiculopathy. Prior treatments included physical therapy, acupuncture and chiropractic treatments. The injured worker had a MRI of the lumbar and cervical spine on 04/25/2014. The injured worker's surgical history was not included within the medical records received. The injured worker had complaints of neck pain with radicular symptoms into the upper extremities bilaterally and left elbow pain with numbness and tingling in the fourth and fifth digits of the left hand. The clinical note dated 06/11/2014 noted the injured worker had limited range of motion to the cervical spine and left elbow. The injured worker had tightness and spasms in the trapezius, sternocleidomastoid and the right and left straps muscles. There was tenderness to the left medial and lateral epicondyle. Medications included Norco, Ultram and Anaprox. The treatment plan included the recommendation for cervical epidural steroid injections, the recommendation for a lumbar support and a six week follow up. The rationale was not indicated within the medical records received. The request for authorization form was dated 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative 42 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for Chromatography, quantitative 42 units is not medically necessary. The injured worker's medication regimen included Norco, Ultram, and Anaprox. The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. There is a lack of documentation indicating the injured worker is at risk for addiction, aberrant behavior, or medications misuse. Within the provided documentation, the requesting physician did not indicate when a urine drug screen was last performed, as well as the results of the last urine drug screen. As such, the request is not medically necessary.