

<b>Case Number:</b>	CM14-0117859		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 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 48-year-old individual was reportedly injured on July 3, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 13, 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a 217 pound individual who is normotensive (124/77). There is tenderness to palpation the posterior aspect of the cervical spine and muscle spasm is noted. A decrease in cervical spine range of motion is reported. Diagnostic imaging studies objectified degenerative changes to the cervical discs at C5-C6. Previous treatment includes physical therapy, multiple medications, and pain control interventions. A request had been made for chromatography and was not certified in the pre-authorization process on June 20, 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 Drug Testing Page(s): 43.

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

**Decision rationale:** This study is used to detect various components and measurement of drugs. The guidelines indicate support for urine drug testing if there are indicators of drug abuse, drug diversion, inappropriate use and illicit drug use. None of these parameters are noted in the progress notes presented for review. As such, the medical necessity of such testing has not been established. Therefore, The request for chromatography quantitative, 42 units is not medically necessary and appropriate.