

Case Number:	CM14-0121675		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2013
Decision Date:	12/26/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 43-year-old woman who sustained a work-related injury on July 9, 2013. Subsequently, she developed chronic neck and right shoulder pain. Prior treatment included physical therapy (which made her pain worse), home exercise program, and medications. An MRI done on August 13, 2013 showed degenerative disc disease at C3-7, osteophytosis, and degenerative facet changes causing narrowing of the neural foramina at C3-6 levels. The patient underwent an anterior discectomy and fusion at the C5-6 and C6-7 levels on March 25, 2014. According to the progress report dated October 29, 2014, the patient reported severe spasm, post cervical spine trapezius B/L. the patient rated her pain as a 5/10. Physical examination revealed tender decreased range of motion, C/S spasm neuro. The patient was diagnosed with cervical spondylosis without myelopathy, cervical spinal stenosis, and brachial neuritis NOS. The provider requested authorization for urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen (UDS): 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 Opioids, Steps To Avoid Misuse/Addiction Page(s): 77-78, 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting UDS test. Therefore, the UDS is not medically necessary.