

<b>Case Number:</b>	CM14-0132480		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 41-year-old gentleman was reportedly injured on December 19, 2011. The mechanism of injury is noted as lifting a bail machine. The most recent progress note, dated May 21st 2014, indicates that there are ongoing complaints of right shoulder pain and headaches. The physical examination demonstrated decreased range of motion of the cervical spine and trigger points along the cervical paraspinal muscles, trapezius, levator scapulae, and infraspinatus muscles. There was also decreased range of motion of the right shoulder. A neurological examination indicated decreased sensation in the first and second digits of the right hand and decreased right hand grip strength. Diagnostic nerve conduction studies revealed mild to moderate right-sided carpal tunnel syndrome. An MRI the cervical spine dated September 2013 revealed disc protrusions at C3 - C4, C4 - C5, and C6 - C7 with exiting nerve root compromise bilaterally at C4 - C5. An MRI the right shoulder revealed tendinitis versus a mild partial tear of the supraspinatus tendon. Previous treatment includes right shoulder arthroscopy and he right-sided carpal tunnel release. A request had been made for quantitative chromatography and was deemed not medically necessary in the pre-authorization process on July 31, 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 Qty: 1.00: 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 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 of 127.

**Decision rationale:** The California MTUS Guidelines support urine drug screening or quantitative chromatography as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for quantitative chromatography is not medically necessary.