

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0155141 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 12/28/2013 |
| Decision Date: | 11/26/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 & 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 32-year-old male who reported an injury on 12/28/2013, due to a metal curtain rod that fell on his head. On 04/07/2014, the injured worker presented with head, neck, and low back pain. Upon examination of the cervical spine, there was tenderness to palpation in the paraspinal musculature with minimal decreased motion. Decreased sensation to the left C6-C8 dermatomes and a positive Spurling's on the left. Diagnoses were cervical strain/sprain, cervical radiculopathy, lumbar sprain/strain, and healed head laceration. The prior therapy included medications. The provider recommended chromatography. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/002325.htm>

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

Decision rationale: The California MTUS Guidelines recommend a urine test as an option to assess for the presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opiates for ongoing management and as a screening for misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen or chromatography was performed. As such, medical necessity has not been established.