

Case Number:	CM14-0159870		
Date Assigned:	10/03/2014	Date of Injury:	01/22/2013
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 27-year-old male with a 1/22/13 date of injury. At the time (8/5/14) of request for authorization for urine sample collected & sent to laboratory, there is documentation of subjective (neck pain, low back pain, and left wrist pain) and objective (cervical tenderness o palpation with spasm of the upper trapezius muscles bilaterally and decreased cervical range of motion; lumbar paraspinal muscle spasm and tenderness with decreased lumbar range of motion' and positive Finkelstein's test of the left wrist) findings, current diagnoses (cervical disc desiccation, cervical spine multi-level disc protrusions, lumbar disc protrusion, lumbar spine myospasms, left wrist effusion, and lumbar radiculopathy), and treatment to date (ongoing opioid therapy). There is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine sample collected & sent to laboratory: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen. Decision based on Non-MTUS Citation ODG-TWC ; Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical disc desiccation, cervical spine multi-level disc protrusions, lumbar disc protrusion, lumbar spine myospasms, left wrist effusion, and lumbar radiculopathy. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine sample collected & sent to laboratory is not medically necessary.