

Case Number:	CM14-0169620		
Date Assigned:	10/17/2014	Date of Injury:	02/10/2010
Decision Date:	11/20/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 59 year old female with date of injury 2/10/10. The mechanism of injury is described as a slip and a fall. The patient has complained of right wrist, left shoulder, right hip and lower back pain since the date of injury. She has been treated with acupuncture, physical therapy, occupational therapy, extracorporeal shock wave therapy and medications. There are no radiographic studies included for review. Objective: tenderness to palpation of the right wrist and forearm, decreased and painful range of motion of the lumbar spine, positive straight leg raise on the right. Diagnoses: lumbar sprain/strain, degenerative joint disease lumbar spine, arm numbness. Treatment plan and request: urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis.: 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 Opiods, criteria for use, steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 59 year old female has complained of right wrist, left shoulder, right hip and lower back pain since date of injury 2/10/2010. She has been treated with acupuncture,

physical therapy, occupational therapy, extracorporeal shock wave therapy and medications. The current request is for a urinalysis. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioid. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urinalysis is not indicated as medically necessary.