

Case Number:	CM14-0025991		
Date Assigned:	06/13/2014	Date of Injury:	08/21/2012
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

The injured worker is a 34-year-old male who reported an injury on 08/21/2012, due to an unspecified mechanism of injury. On 02/18/2014, he reported headaches, stiff neck, muscle spasms, and low back pain. His pain was rated at a 9/10. Physical examination revealed reduced range of motion in the cervical spine, positive foraminal compression bilaterally, stiffness upon palpation from C3 through C7 bilaterally, positive Kemp's sign, positive straight leg raise, and positive Gaenslen's, iliac compression, and Valsalva bilaterally. His diagnoses included cervical myofascitis, cervical disc protrusion C4-C6, thoracic spasms, thoracic myofascitis, lumbar radiculopathy, lumbar disc protrusion at L5-S1, and chronic pain. The treatment plan was for a chromatography quantitative urine test. The request for authorization form was signed on 02/03/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY QUANTITATIVE URINE TEST: 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 Drug Testing Page(s): 43.

Decision rationale: The Chronic Pain Guidelines state that drug testing is recommended as an option, to assess for the use or the presence of illegal drugs. There was no documentation stating that the injured worker was taking medications recommended for screening such as opioids, and/or documentation of aberrant drug taking behaviors. The rationale for a urine drug screen was not provided. The documentation provided lacks the necessary information needed to warrant the request. Given the above, the request is not medically necessary.