

Case Number:	CM14-0033218		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2012
Decision Date:	10/10/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 31 year-old female was reportedly injured on 6/5/2012. The most recent progress note, dated 12/10/2013, indicates that there are ongoing complaints of neck pain that radiates into the bilateral upper extremities with numbness and tingling. Right elbow pain. The physical examination demonstrated cervical spine: positive tenderness at the cervical paravertebral muscles upper trapezius muscles with spasm. Axial compression test and Spurling's maneuver are positive. Painful restricted range of motion. Decreased sensation in the C6-C7 dermatome. Right and left elbow reveals tenderness at the lateral and medial epicondyle. Pain with terminal motion. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for urine toxicology screen and was not certified in the pre-authorization process on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis DOS 9/5/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 OF 127.

Decision rationale: MTUS guidelines support urine drug screening 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 is not considered medically necessary.