

Case Number:	CM14-0037369		
Date Assigned:	06/25/2014	Date of Injury:	06/21/2010
Decision Date:	09/12/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Pain Management & 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 44-year-old female was reportedly injured in 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 26, 2013, indicates that there are ongoing complaints of pain in the right side of the head and neck radiating to the right arm and into the third and fourth finger. There was also a complaint of low back pain. No physical examination was performed. Diagnostic imaging studies of the lumbar spine indicated a 2 mm posterior disc bulge at L5-S1 and a MRI of the cervical spine indicated disc protrusions from C4-C7. Acupuncture, shockwave therapy, cervical traction, and chiropractic care was recommended. Previous treatment is unknown. A request had been made for Quantitative Chromatography and was not certified in the pre-authorization process on January 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography quantitative, collected 10/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Criteria for Use of Urine Drug Screen.

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

Decision rationale: This request for Quantitative Chromatography is for Urine Toxicology Screening which was conducted on August 30, 2013. The California 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, and lack of prescribed narcotic medications, the request for Quantitative Chromatography collected on August 30, 2013 is not medically necessary.