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| Case Number: | CM14-0041093 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/07/2012 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old female who sustained injuries to her neck, upper back, and left shoulder on 11/07/12 due to cumulative while performing usual and customary duties at work. MRI and initial regimen of acupuncture therapy times six visits was requested. The injured worker reported low back pain at 8/10 on the visual analog scale radiating to the left knee, per clinical note dated 01/24/14. Urine drug screen on 02/03/14 was positive for Sertraline and Norsertaline. Clinical note dated 02/03/14 reported that the patient stated acupuncture and physical therapy helped relieve her pain. Electrodiagnostic studies (EMG/NCV) of the bilateral upper extremities revealed abnormally prolonged peak latency of sensory nerve action potential of bilateral median nerves, right side greater than left; normal study of motor nerves. EMG/NCV of the bilateral lower was unremarkable. The most recent clinical note dated 03/17/14 reported that the pain had slightly decreased to 6/10 on the visual analog scale the patient was authorized to return to light work duties with restrictions of heavy lifting, pushing, or pulling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDT).

Decision rationale: The request for urine drug testing is not medically necessary. There was no recent detailed list of medications provided for review. The one urine drug screen provided for review dated 02/03/14 did not indicate any illicit substances. No information was submitted indicating the injured worker is at high risk or has shown a history of aberrant behavior such as medication misuse or request for early refills. No information was submitted indicating the patient most recent previous urine drug screen compared to the one dated 02/03/14 provided for review. Given this, the request for urine drug testing is not indicated as medically necessary.