MAXIMUS Federal Services

Case Number:	CM14-0069533		
Date Assigned:	07/14/2014	Date of Injury:	12/30/2010
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine & 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 56-year-old male who reported an injury on 12/30/2010. The mechanism of injury was not provided within the review. His diagnoses' were noted to be cervical spine spondylosis, lumbar spine spondylosis and bilateral carpal tunnel syndrome. Prior treatment was noted to be physical therapy and medications. Diagnostic testing was noted to be an electrodiagnostic study on 04/27/2011. The injured worker reported no history of prior surgeries. The injured worker had a clinical evaluation on 12/19/2013 with a chief complaint of neck pain that radiated to the bilateral upper extremities. He also complained of low back pain that radiated to the bilateral lower extremities more on the right side. The objective physical exam findings were noted to be tenderness along the right trapezius muscle. Spinal vertebral tenderness on the right was noted in the cervical spine. Tenderness over the bilateral occipital area was noted upon palpation. Medication was noted to be Vicodin. The treatment plan noted a recommendation for epidural steroid injections. The provider's rationale for the request was not provided within the clinical note. A Request for Authorization form was not provided within the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Screen.

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

Decision rationale: The request for urine drug screen is not medically necessary. According to the California MTUS Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option, using the urine drug screen to assess for the use or presence of illegal drugs. The documentation provided for review contains a urine drug screen. Frequency of urine drug screens can be within the patient pain agreement contract. The documentation provided does not indicate a patient pain agreement contract for patients on opioids. Further documentation is needed to warrant increased frequency of urine drug screens. As such, according to the guidelines a request for a urine drug screen is not medically necessary.