

Case Number:	CM14-0071221		
Date Assigned:	07/14/2014	Date of Injury:	01/01/2002
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery 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 62 year-old individual who was reportedly injured on 1/1/2002. The mechanism of injury is noted as cumulative trauma from typing. The most recent progress note, dated 3/31/2014 indicates that there are ongoing complaints of neck and left shoulder pain. The physical examination demonstrated cervical spine, limited range of motion with pain. Left-sided neck pain with rotation. Moderate muscle spasm and tenderness to mid cervical facets left greater than right. Upper extremity: decreased grip strength on the left. Deep tendon reflexes 1+. Left shoulder: limited range of motion with pain. The diagnostic imaging studies magnetic resonance image of the cervical spine dated 5/14/2014 reveals postsurgical changes, small multilevel posterior disc bulges. Multilevel neural foraminal narrowing board pass on the left. The previous treatment includes medications, surgery, and physical therapy. A request had been made for urine drug screen, and was not certified in the pre-authorization process on 1/30/2014.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43.

Decision rationale: A urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. 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, the request is not considered medically necessary. After reviewing the medical records there is no documentation of the injured workers' abuse of narcotics, and use of illegal substances. Also to note the injured worker had a recent urine drug screen February 2014 which revealed positive findings for prescribed medications only. There is no criteria of medical necessity to warrant the requested testing at this time. Additional drug screen testing is deemed not medically necessary at this time.