

Case Number:	CM14-0082430		
Date Assigned:	07/18/2014	Date of Injury:	03/27/2011
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 58-year-old female who reported an injury on 03/27/2011. While working in a department store, she was walking down a hallway and stepped on a necklace and slipped and fell on the floor. Diagnoses were cervical spine sprain/strain, bilateral shoulder impingement syndrome, lumbar spine sprain/strain, left knee arthritis, osteoarthritis, left ankle. Past treatment has been physical therapy. Diagnostic studies were MRI of the cervical and lumbar spine. Surgical history was not reported. On physical examination on 03/26/2014, there were no subjective complaints reported. Examination of the cervical spine revealed spasms were noted in the cervical spine. There was evidence of tightness and spasm and the trapezius muscles bilaterally. Range of motion for the cervical spine revealed flexion was to 30 degrees, extension was to 35 degrees. Examination of the lumbosacral spine revealed upon palpation of the paraspinal muscles moderate pain. There was moderate spasm in the paraspinal muscles. Range of motion for the lumbar spine revealed flexion was to 60 degrees, extension was to 5 degrees, left lateral bending was to 10 degrees, right lateral bending was to 10 degrees. Examination of the left knee revealed moderate swelling noted at the left knee. There was tenderness over the left knee. Medications were ibuprofen and a muscle relaxant. Treatment plan was to request physical therapy to increase range of motion and overall functional capacity. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro urine drug screen DOS: 03.26.2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The request for Retro Urine Drug Screen DOS: 03/26/2014 is non-certified. California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not reported that the injured worker had aberrant drug behaviors. Therefore, this request is non-certified.