

Case Number:	CM14-0084254		
Date Assigned:	07/21/2014	Date of Injury:	03/19/2007
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 63-year-old male with a reported date of injury on 03/19/2007. The mechanism of injury was not submitted with the medical records. His diagnoses were noted to include cervical radiculopathy, carpal tunnel syndrome and Guyon tunnel syndrome, arthrosis with spur and supraspinatus tendinosis, retrolisthesis C2 on C3, 4 mm bulge with stenosis C2-C3, cord atrophy at C3-C4, C4-C5 fusion with foraminal narrowing, severe left C5 laminectomy, C5-C6 fusion with laminectomy, C6-C7 laminectomy with moderate foraminal stenosis, lateral epicondylitis and deep surface tear to the supraspinatus and severe acromioclavicular arthrosis. His previous treatments were noted to include acupuncture, injections, surgeries and medications. The progress dated 04/14/2014 revealed the injured worker complained of cervical pain. The physical examination revealed neck movement was abnormal with forward flexion and extension to 10 degrees with lateral 20 degrees and 45 degrees rotation right and left with foraminal compression and pain radiating into the right upper extremity and moved slowly with neck discomfort. The left and right shoulders have passive range of motion, painfully tender over the posterolateral subacromial region with Neer signs positive. The right shoulder had no more than 80 to 85 degrees of forward flexion/abduction, active with 4 out of 5 strength and extremities with 3 out of 5 actively. The Request For Authorization form was not submitted within the medical records. The request is for a drug screen, qualitative, however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen, qualitative: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,76.

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

Decision rationale: The injured worker had a urine toxicology screening performed 04/14/2014. The Official Disability Guidelines recommend a point of contact testing, also commonly referred to as a dipstick testing. The guidelines recommend to perform confirmation when the point of contact screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for when all samples testing negative for prescribed drugs, all samples are positive for non-prescribed opioids and all samples are positive for illicit drugs. The guidelines recommend a laboratory based confirmatory testing when all samples test negative for prescribed drugs, all samples are positive for non-prescribed opioids and all samples are positive for illicit drugs. The guidelines recommend a point of collection testing also known as a dipstick test onsite and is more cost effective than confirmatory testing. Therefore, the qualitative drug screen is not medically necessary.