

Case Number:	CM14-0084418		
Date Assigned:	07/21/2014	Date of Injury:	01/27/2010
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 47-year-old female who reported an injury on 01/27/2010. The mechanism of injury was cumulative trauma. Her diagnoses include cervical spine strain, thoracic spine strain, right elbow strain, right carpal tunnel syndrome, and left ulnar nerve neuropathy at the elbow. Her past treatments included multiple shoulder surgeries, shoulder injections, participation in a home exercise program and physical therapy. On 01/21/2014, the injured worker presented with pain in the neck, upper back, right elbow, left elbow, right wrist, bilateral shoulders, and left wrist. She reported that her pain improved from a recent left shoulder injection. No medication list was provided within the clinical notes. The treatment plan included a cervical epidural steroid injection, physical therapy, a referral to pain management, and a referral to an orthopedist specialist. A request was received for a retrospective review of urine drug testing performed on 01/30/2014. A clear rationale for this request and the Request for Authorization Form were not included within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Urine drug testing (date of service 1/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested service is not medically necessary. According to the California MTUS Chronic Pain Guidelines, drug testing may be recommended to assess for the presence of illegal drugs or to confirm compliance with medications. The clinical information submitted for review failed to provide documentation indicating that the patient was utilizing controlled substances or that there was suspicion for illegal drug use to warrant a urine drug test. In the absence of clarification regarding the need for the urine drug testing performed on 01/30/2014, the request is not supported. As such, the request is not medically necessary.