

Case Number:	CM14-0096872		
Date Assigned:	07/28/2014	Date of Injury:	06/18/2009
Decision Date:	09/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 and 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 patient is a 54 year old female with an injury date on 06/18/2009. Based on the 05/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post anterior cervical discectomy and fusion at C2-3 with solid fusion. 2. Status post anterior cervical discectomy and fusion at C3-4 with solid fusion. 3. Disc bulges at C5-6 and C6-7 with ossification of the posterior longitudinal ligament. According to this report, the patient complains of post-op neck pain. Date of surgery was not provided in the file. Tenderness and spasm was noted at the cervical paraspinous muscles. Sensation to light touch and pinprick in the right C6-7 dermatome are decreased. Cervical range of motion is decreased. MRI of the cervical spine on 02/28/2014 reveals C2-3: interval resection of the previously seen disc protrusion/extrusion, C4-5: 1-2 mm posterior disc protrusion, and C5-6: 3mm posterior disc extrusion, mild canal stenosis and mild cord compression at the C6-7 levels. There were no other significant findings noted on this report. The utilization review denied the request on 05/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/2014 to 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Urine Drug Screens DOS: 2/9/11; 4/13/11 & 6/8/11: Upheld

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

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

Decision rationale: According to the 05/14/2014 report by [REDACTED] this patient presents with post-op neck pain. The treater is requesting for a retrospective review for Urine Drug Screens but the treating physician's report containing the request is not included in the file. Regarding urine drug test, MTUS Guidelines do not specifically address how frequent UDS (Urine drug screen) should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends a once a year urine screen following initial screening within the first 6 months for management of chronic opiate use in a low risk patient. In this case, medical records indicate the patient has not had any recent UDS. However, there is no indication of opiate use in this patient. Therefore, the requested UDS would not be reasonable. Recommendation is for denial.