MAXIMUS Federal Services

| Case Number: | CM14-0008018 | | |
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| Date Assigned: | 02/12/2014 | Date of Injury: | 10/03/2011 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

## 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 Anesthesiology, and is licensed to practice in Tennessee. 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 54-year-old male who suffered a work related injury on 10/03/2011. The injury was described as to the left arm, hand, and thumb, resulting from pushing a plastic pipe. Per the physician notes from 08/22/2013, he complains of constant pain to the left hand, rated as 6/10. The pain radiates to the right arm and thumb with associated numbness and tingling. The pain increases at night and during the day. Diagnoses include left biceps deformity/possible tear, left wrist sprain/strain, left elbow medial epicondylitis, and left upper extremity neuropathy. The plan of care includes a MRI of the left bicep, wrist, and elbow, an EMG/NCV of the bilateral upper extremities, chiropractic treatment, acupuncture, and urinalysis. The Claims Administrator denied the urinalysis on 01/07/2014 and was subsequently appealed for Independent Medical Review. The urine drug screen performed on 08/22/2013 was negative for all substances. Documentation regarding pertinent diagnostic studies, surgical history, and current medications was not provided for review. A Request for Authorization for was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Pain 2013, Urine Drug Testing (UDT).

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

**Decision rationale:** The request for urinalysis is not medically necessary. The California Medical Treatment Utilization Schedule recommends the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. The injured worker was noted to have constant left hand pain. However, the documentation failed to provide evidence that the injured worker was on medications. In the absence of documentation indicating the injured worker was on medications, to include opiates or illegal drugs, a urine drug screen would not be recommended at this time; therefore, request is not supported by the evidence based guidelines. As such, the request is not medically necessary.