

Case Number:	CM14-0198634		
Date Assigned:	12/08/2014	Date of Injury:	08/16/2001
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Emergency Medicine 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 36 year-old female, who sustained an injury on August 16, 2001. The mechanism of injury is not noted. Diagnostics have included: September 22, 2014 drug screen was reported as inconsistent. Treatments have included: lumbar fusion, right shoulder arthroscopy, physical therapy, medications, SI rhizotomy. The current diagnoses are: cervical disc herniation, s/p lumbar fusion, s/p right shoulder arthroscopy. The stated purpose of the request for Urine Drug Test was to provide. The request for Urine Drug Test was modified for a qualitative analysis drug screen on November 6, 2014, citing previous inconsistency. Per the report dated October 22, 2014, the treating physician noted complaints of pain to the neck, with stiffness. Exam shows cervical tenderness, decreased cervical range of motion. The requested Urine Drug Test is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, The injured worker has pain to the neck, with stiffness The treating physician has documented cervical tenderness, decreased cervical range of motion. The criteria noted above not having been met, Urine Drug Test is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: Upheld

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

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

Decision rationale: The requested Urine Drug Test is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has pain to the neck, with stiffness. The treating physician has documented cervical tenderness, decreased cervical range of motion. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine Drug Test is not medically necessary.