

Case Number:	CM14-0198987		
Date Assigned:	12/09/2014	Date of Injury:	08/19/2014
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 31-year-old man who sustained a work-related injury on August 19, 2014. Subsequently, the patient developed a chronic neck, back, and left shoulder pain. According to a progress report dated October 13, 2014, the patient complained of constant, sharp, burning-type pain along the neck that increases with repetitive head and neck movements. The patient also complained of constant, moderate pain in the mid and upper back and constant, moderate, pulling-type pain in his lower back. The patient noted constant, sharp, throbbing pain present in the left shoulder, as well. Upon examination, palpation of the cervical spine revealed tenderness and muscle spasms in the cervical paravertebral muscles, bilaterally, as well as along the left upper trapezius musculature. Range of motion of the cervical spine was performed with complaints of neck pain/stiffness during all the end ranges of motion. Palpation of the shoulders revealed tenderness and muscle spasms along the anterior and posterior aspects at the left shoulder. Range of motion of the shoulders was performed with complaints of left shoulder pain/stiffness during all the end ranges of motion. Speeds test and Yergasons test were positive at the left shoulder. Deep tendon reflexes were equal and active in the biceps, triceps, and Brachioradialis. Gross muscle strength testing of the upper extremities revealed mild weakness of the left shoulder (4/5) in flexion and abduction. Sensory testing of both upper extremities was intact. The bilateral palpation of the thoracolumbar spine revealed tenderness and muscle spasms in the thoracic and lumbar paravertebral muscles, bilaterally. Range of motion of the lumbar spine was performed with complaints of back pain/stiffness during all the end ranges of motion. Deep tendon reflexes were equal and active in the Achilles and Patellar tendons. Motor strength testing of both lower extremities was intact, bilaterally. Sensory testing of both lower extremities was intact, bilaterally. Heel and toe walking was performed with some difficulty. The patient

was diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, and left shoulder sprain/strain. The provider requested authorization for UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to the MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.) In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse from previous urine drug screen. There is no rationale provided for requesting UDS test. Therefore, the request for a Urine Drug Screen (UDS) is not medically necessary.