

Case Number:	CM15-0004063		
Date Assigned:	01/15/2015	Date of Injury:	07/06/2011
Decision Date:	03/23/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 07/05/2011 due to an unspecified mechanism of injury. On 11/25/2014, he presented for a followup evaluation. He reported constant neck pain rated at a 6/10 with radiation into the bilateral upper extremities and associated symptoms of numbness and tingling and weakness. He also reported mid back pain rated at a 6/10 and low back pain rated at a 6/10 with associated radiation to the bilateral lower extremities, weakness, numbness, and tingling sensation. He was noted to use a cane for ambulation. A physical examination showed range of motion of the cervical spine was about 50% of normal. He had a positive compression and Spurling's maneuvers and weakness of the wrist extensors and triceps. He had decreased reflexes in the brachioradialis and triceps, and biceps reflexes were 1+ and symmetrical. Hoffmann's test was equivocal and Romberg's test was positive. He was diagnosed with status post T12-L4 posterior lumbar interbody fusion, chronic low back pain, chronic pain syndrome, anxiety and depression due to chronic pain syndrome, status post L3 burst fracture, radiculopathy, peripheral polyneuropathy, pseudarthrosis, right lower extremity radiculopathy and weakness, neuropathic pain in the lower extremities, failed back surgery syndrome, chronic opiate use and dependence, cervical spondylosis, herniated nucleus pulposus, left shoulder subacromial impingement syndrome, and cervical spine stenosis. The treatment plan was for a final confirmation of urine drug screen. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Confirmation of Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the use of urine drug screens should be provided for those with evidence of abuse, addiction, or poor pain control. Based on the clinical documentation submitted for review, the injured worker was noted to have pain in the cervical, mid, and lumbar spine. However, there is a lack of documentation showing that he has issues of abuse, addiction, or poor pain control to support the request for a urine drug screen. Also, there is a lack of evidence that he is using any medications that would require urine drug screening. Furthermore, it is unclear if the injured worker has undergone any urine drug screens prior to the request; without this information, the request would not be supported. Given the above, the request is not medically necessary.