

Case Number:	CM15-0109048		
Date Assigned:	06/15/2015	Date of Injury:	05/22/2013
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania, Ohio, 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 (IW) is a 29-year-old male who sustained an industrial injury on 05/22/2013. Diagnoses include cervicalgia, pain in the thoracic spine, spondylolisthesis L5 on S1 with radiculopathy and lumbar spine sprain/strain. Treatment to date has included medications, chiropractic treatment and physical therapy. According to the PR2 dated 5/4/15, the IW reported his neck and upper back were improving with current treatment. His intermittent neck pain was rated 5-6/10 when aggravated. Intermittent thoracic spine pain at the medial scapula was rated 2-6/10. He denied any improvement of the lower back. On examination, range of motion of the cervical spine was improved to 50/60 degrees of flexion, 30/50 degrees of extension, 25/40 degrees of lateral bend and 55/90 degrees of bilateral rotation. Minimal spasms were noted in the cervical spine into the upper trapezius region, worse on the right, with tenderness to palpation along the occipital ridge. There was edema to the sacral base with tenderness present. MRI of the lumbar spine on 11/20/14 reported bilateral spondylosis and Grade I anterolisthesis of 3mm at L5-S1; disc degeneration was noted with a posterior annular tear and small broad-based bulge with bilateral foraminal stenosis. Thoracic MRI noted a 1.1cm rounded lesion on the left side of T7 that appeared to be a hemangioma. Medications included Tramadol. A request was made for retrospective review for date of service (DOS) 03/25/15: for services provided: for outpatient comprehensive urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective comprehensive urine drug screen (UDS) for DOS 3/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT) Page(s): 43.

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

Decision rationale: MTUS recommends urine drug testing as an option. The clinician should document the drugs to be tested as well as screening or risk stratification to establish a risk of aberrant behavior and thus a frequency of planned urine drug screening. Such details are not documented in this case. Therefore, this request is not medically necessary.