

Case Number:	CM15-0138744		
Date Assigned:	07/28/2015	Date of Injury:	06/14/2014
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Emergency Medicine

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 57-year-old female, who sustained an industrial injury on 06-14-2014. On provider visit dated 05-12-2015 the injured worker has reported cervical pain with upper extremity symptoms, and low back pain with lower extremity symptoms. On examination, tenderness of cervical, thoracic and lumbar spine was noted. Cervical range of motion was decreased and diminished sensation left greater than right at C6 dermatomal distribution was noted. Lumbar spine revealed a positive straight leg raise. Thoracic spine revealed tenderness and a limited range of motion. A spasm of the lumboparaspinal musculature and cervical trapezius was noted as well. The diagnoses have included protrusion C5-C6 with severe foraminal narrowing left greater than right and thoracic myofascial pain, lumbar myofascial pain and rule out lumbar disc injury-radiculopathy. Treatment to date has included medication. The provider requested urine toxicology screening was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 43, "Drug testing."

Decision rationale: The requested Urine Toxicology screening 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 cervical pain with upper extremity symptoms, and low back pain with lower extremity symptoms. On examination, tenderness of cervical, thoracic and lumbar spine was noted. Cervical range of motion was decreased and diminished sensation left greater than right at C6 dermatomal distribution was noted. Lumbar spine revealed a positive straight leg raise. Thoracic spine revealed tenderness and a limited range of motion. A spasm of the lumboparaspinal musculature and cervical trapezius was noted as well. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is 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 Toxicology screening is not medically necessary.