

Case Number:	CM15-0188245		
Date Assigned:	09/30/2015	Date of Injury:	08/30/2013
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male injured worker suffered an industrial injury on 8-30-2013. The diagnoses included cervical facet arthropathy, herniated disc, myofascial strain and cervicgia. On 8-5-2015 the treating provider reported neck and left shoulder pain. Since the last visit he stated the pain had improved and less frequent numbness and tingling. He stated he stopped wearing the soft collar about 1 week ago. He reported there was continued constant pain in the neck that radiated up the neck and to the front of the skull but stated it was less frequent. The provider reported the soft collar was indicated for severe pain with strict instructions about limiting use. The provider reported the CURES report 8-3-2015 was consistent and the urine drug screen on 7-1-2015 was inconsistent. He reported there were no signs of misuse, abuse, divergence and addiction. He was using Norco, Flexeril and medical marijuana for pain. Prior treatment included left posterior cervical foraminotomy 6-18-2015 Request for Authorization date was 8-5-2015. The Utilization Review on 9-3-2015 determined non-certification for Urine drug screen and Soft collar brace #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Soft collar brace #1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: According to the guidelines, immobilization or use of a brace is not recommended beyond 1-2 days. In this case, the claimant's injury was 2 years ago. Long-term use is not indicated for a neck brace. Frequency, length of use was not specified. The request for a soft collar brace is not medically necessary.