

Case Number:	CM15-0207857		
Date Assigned:	10/26/2015	Date of Injury:	10/01/2013
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 50 year old male, who sustained an industrial injury on 10-1-13. Medical records indicate that the injured worker is undergoing treatment for cervical facet arthropathy, cervical disc disease and posterior annular tear cervical six-cervical seven. The injured worker is currently not working. On (9-15-15) the injured worker complained of neck pain. The injured worker had received a left neck injection which provided 80% relief with decreased numbness and tingling, stiffness, spasm and headaches. Examination of the cervical spine revealed tenderness to palpation, guarding, spasm and a decreased range of motion. Sensation was noted to be intact. Treatment and evaluation to date has included medications, cervical medial branch block injections, urine drug screen (5-15-15) and a home exercise program. A current medication list was not provided in the medical records and there is no documentation of aberrant drug behavior or signs of diversion. The current treatment request is for a random urine drug screen (body part-cervical spine). The Utilization Review documentation dated 10-14-15 non-certified the request for a random urine drug screen (body part-cervical spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen Body part: Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioids for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS with recent toxicology testing on 5/15/15. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. Random urine drug screen Body part: Cervical spine is not medically necessary and appropriate.