

Case Number:	CM15-0220002		
Date Assigned:	11/13/2015	Date of Injury:	03/31/2006
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 3-31-2006. The medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, bilateral thoracic outlet syndrome, and right shoulder adhesive capsulitis. According to the progress report dated 8-13-2015, the injured worker presented with complaints of return of left thoracic outlet syndrome symptoms with left-sided anterior neck pain with radiating numbness and tingling into the arm. In addition, she reports intractable right shoulder pain with restricted movement. The level of pain is not rated. The physical examination of the left brachial plexus reveals positive left brachial plexus tincl, positive left Roos, costoclavicular abduction test, and brachial plexus tincl. Examination of the right shoulder reveals tenderness with impingement and restriction in abduction and forward flexion to 150 degrees. The current medications are not specified. The treating physician notes that the "urinary drug screen is negative for opioids and benzodiazepines, consistent with her present regimen". Previous diagnostic studies include ultrasound of the right shoulder. Treatments to date include scalene Botox injections, and psychotherapy. Work status is described as permanent and stationary. The original utilization review (11-3-2015) had non-certified a request for urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Qualitative urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 3-31-2006. The medical records provided indicate the diagnosis of chronic pain syndrome, bilateral thoracic outlet syndrome, and right shoulder adhesive capsulitis. Treatments have included scalene Botox injections, and psychotherapy; but the current medications were not specified. The medical records provided for review do not indicate a medical necessity for 1 Qualitative urine drug screen. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines states that urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The requested test is not medically necessary because the records reviewed do not indicate the injured worker is currently on any controlled substance.

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Decision rationale: The injured worker sustained a work related injury on 3-31-2006. The medical records provided indicate the diagnosis of chronic pain syndrome, bilateral thoracic outlet syndrome, and right shoulder adhesive capsulitis. Treatments have included scalene Botox injections, and psychotherapy; but the current medications were not specified. The medical records provided for review do not indicate a medical necessity for: 1 Quantitative urine drug screen. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The Official Disability Guidelines states that urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The requested test is not medically necessary because the records reviewed do not indicate the injured worker is currently on any controlled substance.