

Case Number:	CM15-0041528		
Date Assigned:	03/11/2015	Date of Injury:	12/26/2012
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York, West Virginia, Pennsylvania
 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 51-year-old female, who sustained an industrial injury on 12/26/2012. The injured worker is currently diagnosed as having cervical disc protrusion, right shoulder bursitis, and aseptic necrosis of other bone site. No treatments to date are noted in received medical records. In a progress note dated 12/04/2014, the injured worker presented with complaints of cervical spine, right shoulder, and right wrist pain. The treating physician reported requesting authorization for pain management, physical therapy, acupuncture, and right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screens.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid
 Page(s): 74-96.

Decision rationale: Guidelines recommend random urine toxicology testing for patients at high risk for abuse. In this case, there were no red flag findings or aberrant behaviors, which would have indicated that this patient was at high risk for abuse or addiction. Also, there was no documentation that the patient was prescribed opioids. Thus, the request for urine toxicology testing is not medically appropriate and necessary.