

Case Number:	CM15-0048345		
Date Assigned:	03/20/2015	Date of Injury:	11/30/1977
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/13/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 62-year-old female, with a reported date of injury of 10/12/1976. The diagnoses include neck pain, disorder of the back, disorder of the trunk, headache, brachial neuritis, displacement of the lumbar intervertebral disc without myelopathy, and neck pain. Treatments to date have included an MRI of the lumbar spine, radiofrequency neurotomy of the lumbar spine, evaluation of the lumbar spine under fluoroscopy, oral medications, and physical therapy. Currently, the injured worker complains of chronic cervical spine pain, left suboccipital headaches, low back pain, and weakness in the left lower extremity. She stated that her headaches and cervical spine pain had worsened. The progress report dated 01/20/2015 indicates that the injured worker rated her pain 8 out of 10. The objective findings include a normal cervical alignment, tenderness of the cervical paracervical muscles, no tenderness of the mastoid process, tenderness of the occipital protuberance and transverse process left at C2, and normal cervical active range of motion. The objective findings for the lumbar spine showed a normal alignment, no tenderness of the iliac crest, no tenderness of the supraspinous ligament, and normal active range of motion. The treating physician requested a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 43.

Decision rationale: Per MTUS: Drug testing Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before aTherapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioidsteps to avoidmisuse/addiction. Per review of the clinical documentation provided, this patient had no known history of drug abuse. Drug testing would not be indicated. The requested treatment is not medically necessary.