

Case Number:	CM15-0050478		
Date Assigned:	03/24/2015	Date of Injury:	02/28/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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 35-year-old male, who sustained an industrial injury on February 28, 2013. He reported abdominal pain, sleep disturbance, neck, upper and lower extremities pain and back pain. The injured worker was diagnosed as having bilateral shoulder rotator cuff syndrome, cervical spine disc syndrome, rule out herniated nucleus pulposes, low back pain, bilateral knee sprain/strain, osteoarthritis of bilateral knees, bilateral lateral cartilage or meniscus tear, rule out internal derangement, bilateral shoulder sprain/strain, Bell's palsy and headaches. Treatment has included radiographic imaging, diagnostic studies, conservative treatments, surgical intervention of the left knee, medications and work restrictions. Currently, the injured worker complains of knee pain, neck pain with radiating pain to bilateral upper extremities and low back pain with radiating pain to bilateral lower extremities as well as sleep disturbances and abdominal pain with associated gastrointestinal symptoms. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Surgical intervention of the left knee was completed on August 19, 2014. Evaluation on October 14, 2014, revealed continued pain. A magnetic resonance image of the left knee was recommended. Evaluation on January 19, 2015, revealed continued abdominal pain and reflux. It was noted previous complaints of diarrhea had resolved. He required pain medications. A urinary drug screen was requested but is being disputed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

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

Decision rationale: The injured worker sustained a work related injury on to February 28, 2013. The medical records provided indicate the diagnosis of bilateral shoulder rotator cuff syndrome, cervical spine disc syndrome, rule out herniated nucleus pulposus, low back pain, bilateral knee sprain/strain, osteoarthritis of bilateral knees, bilateral lateral cartilage or meniscus tear, rule out internal derangement, bilateral shoulder sprain/strain, Bell's palsy and headaches. Treatment has included radiographic imaging, diagnostic studies, conservative treatments, surgical intervention of the left knee, medications and work restrictions. The medical records provided for review do indicate a medical necessity for Urine toxicology. The records indicate the injured worker had urine drug screen in 05/2014, 09/2014, and 01/2015. Also, the records indicate the injured worker has psychiatric disorder. This places the worker at the moderate risk category, and requires the worker be tested 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results, as recommended by the Official Disability Guidelines. The MTUS recommends drug testing as option, using a urine drug screen to assess for the use or the presence of illegal drugs, therefore this is medically necessary.