

Case Number:	CM15-0056961		
Date Assigned:	04/01/2015	Date of Injury:	05/22/2014
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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
 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 51 year old male/female, who sustained an industrial injury on 5/22/2014. She reported injury to multiple body parts including back, neck, and knee pain with radiation of symptoms to upper and lower extremities. Diagnoses include cervical pain, cervical sprain, rule out disc protrusion, thoracic sprain, lumbar sprain, radiculopathy, bilateral knee sprain, rule out internal derangement, anxiety and depression. Treatments to date include medication therapy and physical therapy. Currently, they complained of multiple pains including neck, thoracic, and lumbar spine with radiation to extremities, in addition to bilateral knee pain. On 2/3/15, the physical examination documented multiple tender areas with muscle spasms noted, positive bilateral straight leg raise test, positive bilateral McMurray's tests, and mildly decreased lumbar range of motion. The plan of care included obtaining a urine toxicology screen, discontinuation of physical therapy, and request chiropractic therapy pending authorization of pain medication evaluation, psychiatric evaluation, orthopedic consultation, and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen - (80101 82145 82205 80154 83925 83805 82145 82649 82646 82542 80152 80160 80174 80182 83789 82570 84315 83986 84311): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine drug testing.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, a urine drug screen was obtained 2/25/14 and there was no objective interpretation of the result provided for review. There is no documentation of the number of urine drug screens obtained in the last 12 months. Medical necessity for the requested item has not been established. The requested item is not medically necessary.