

Case Number:	CM14-0108653		
Date Assigned:	08/13/2014	Date of Injury:	02/09/2013
Decision Date:	10/09/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 who was reportedly injured on February 9, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated May 15, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated a decrease in cervical spine range of motion. Muscle spasms were noted as well. Diagnostic imaging studies objectified ordinary disease of life degenerative changes in the cervical and lumbar spine. Previous treatment included medications, physical therapy, and pain management interventions. A request was made for urine drug screening and was not certified in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retro UDS collected 05/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-77, 78. Decision based on Non-MTUS Citation Official Disability Guidelines, Workers' Compensation 11th edition 2013, Pain Chapter (03/21/13), Frequency of Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Insert Chapter criteria for use of opioids, page 78

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support urine drug screening as an option; however, there is to be a clinical indication for such an intervention. There is no notation of drug misuse, intoxication, somnolence, illicit drug use, drug diversion or other parameters by assessment of the current utilization curve to be established. Therefore, based on the clinical information presented for review, this is not medically necessary.