

Case Number:	CM14-0128942		
Date Assigned:	09/05/2014	Date of Injury:	06/16/2006
Decision Date:	10/09/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/13/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 43 year old male who reported an injury on 06/16/2006. The mechanism of injury was not specified. His diagnoses included chronic low back pain, chronic neck pain, lumbar radiculopathy, multilevel lumbar degenerative disease, and multilevel cervical degenerative disc disease. His previous treatments included injections. He had an MRI of the cervical spine on 06/10/2011 and an MRI of the right wrist/hand on 11/18/2011. The injured worker was status post right wrist arthroscopy, and status post left wrist proximal row carpectomy. The physical examination on 05/20/2014 revealed tenderness to palpation over the paracervical region and paralumbar region with muscle guarding. The injured worker complained of left wrist pain. The medications were not provided. The treatment plan was for a urine drug screen. The rationale for the request and the request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

Decision rationale: Based on the clinical information submitted for review, the request for a urine drug screen is not medically necessary. As stated in the California MTUS Guidelines, drug testing is recommended as an option to assess for the use or presence of illegal drugs. The injured worker had diagnoses that included chronic low back pain, chronic neck pain, and lumbar radiculopathy. The injured worker's current medication regimen was not provided. Furthermore, there is an absence of clinical documentation showing that he was misusing his medications or that the provider suspected him of misuse. Also, there is a lack of clinical information regarding previous urine drug screens and the results. As such, the request for a urine drug screen is not medically necessary.