

Case Number:	CM14-0129369		
Date Assigned:	08/18/2014	Date of Injury:	01/17/2014
Decision Date:	10/17/2014	UR Denial Date:	07/24/2014
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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 51-year-old female with a date of injury of 01/17/2014. The listed diagnoses per [REDACTED] are: 1. Cervical spine mild herniation, 1 to 2 mm. 2. Thoracic spine sprain/strain. 3. Lumbar spine mild sprain. 4. Bilateral shoulder tendinosis/OA. According to progress report 05/27/2014, the patient presents with cervical spine, thoracic spine, lumbar spine, and bilateral knee pain. There was bilateral upper extremity pain with tingling sensation, which radiates to the left lower extremity. Examination revealed increased range of motion in the cervical, thoracic, lumbar regions since last visit. There was tenderness to palpation and positive Kemp's test. The treater is requesting a chromatography. Utilization review denied the request on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Chromatography: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (PAIN)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing On-Going Management Opioids, differentiation: dependence & addiction Opioids, steps.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen: Criteria for Use of Urine Drug Testing

Decision rationale: The patient is a 51-year-old female with a date of injury of 01/17/2014. The listed diagnoses per [REDACTED] are: 1. Cervical spine mild herniation, 1 to 2 mm. 2. Thoracic spine sprain/strain. 3. Lumbar spine mild sprain. 4. Bilateral shoulder tendinosis/OA. According to progress report 05/27/2014, the patient presents with cervical spine, thoracic spine, lumbar spine, and bilateral knee pain. There was bilateral upper extremity pain with tingling sensation, which radiates to the left lower extremity. Examination revealed increased range of motion in the cervical, thoracic, lumbar regions since last visit. There was tenderness to palpation and positive Kemp's test. The treater is requesting a chromatography. Utilization review denied the request on 07/24/2014.