

Case Number:	CM14-0137843		
Date Assigned:	09/05/2014	Date of Injury:	01/17/2013
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 practice in Texas. 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:

Medical records reflect the claimant is a 44 year old female who sustained a work injury on 1-17-13. The claimant has had UDS on 2-12-14 and 7-30-14. Office visit on 8-5-14 notes the claimant continues with neck pain and low back pain. The claimant has positive SLR bilateral lower extremities. The claimant is to continue with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Drug testing; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids ongoing use Page(s): 74-96. Decision based on Non-MTUS Citation Pain chapter UDT

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that the use of drug screening or inpatient treatment is indicated in patients with issues of abuse, addiction, or poor pain control. This claimant is on no opioids. She has had UDS on 2-12-14 and 7-30-14. ODG notes that a claimant who is at low risk, testing is performed once a year. Based on the records provided, there is no indication that this claimant is at high risk or that repeated UDT is

indicated. Therefore, the medical necessity of this request is not established. The request is not medically necessary.

ROM testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter - range of motion (flexibility)

Decision rationale: ODG notes that range of motion testing is part of the routine musculoskeletal evaluation. There is an absence in documentation noting that this claimant requires specialized testing for range of motion measurements. Therefore, the medical necessity of this request is not established. The request is not medically necessary.