

Case Number:	CM14-0138115		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2013
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Geriatrics and is licensed to practice in New York. 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:

This injured worker has chronic back and leg pain status post cervical fusion surgery. Spinal cord stimulators are considered a more invasive method of treatment that can be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. They are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Given the limited evidence to support a spinal cord stimulator and the lack of physical exam findings (normal motor and sensory exam in extremities) in the 7/14 note and also that the records do not support that comprehensive multidisciplinary medical management is concurrently in use, the medical necessity of a spinal cord stimulator is not substantiated in the records.

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 Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening has confirmed the use of prescribed narcotics and Acetaminophen. The records fail to document any issues of abuse or addiction or the medical necessity of a repeat drug screen. The urine drug screen in question is not medically substantiated.