

Case Number:	CM13-0034611		
Date Assigned:	12/18/2013	Date of Injury:	04/21/2013
Decision Date:	07/31/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male who sustained a work related injury April 21, 2013. A urine drug screen, dated February 1, 2013, (report present in the medical record) is negative. According to a primary treating physician's progress report, dated September 25, 2013, the injured worker presented with ongoing neck pain and significant headaches, with radiating symptoms into both upper extremities, left side worse than right. On examination, there is restricted range of motion of the cervical spine, pain with lateral bending, and a fair amount of shoulder and arm pain, on the left side. The physician further documents the motor exam appears to be grossly intact, although it is difficult to assess (unspecified). He further noted, the injured worker to have aggravation of the lower back and leg secondary to a prior industrial injury, dated February 20, 2013, and cumulative trauma dated November 30 through October 4, 2012. Diagnoses are documented as cervical sprain/strain; multilevel spondylosis C2-C7 with varying degrees of foraminal stenosis; lumbar multilevel spondylosis L1-S1 with foraminal stenosis L4-L5, L5-S1 with radiculopathy. Treatment plan included recommendation for a cervical epidural injection C4-C6 and a urine drug test was performed. At issue, is a retrospective request for authorization for a urinalysis screening, date of service, February 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urinalysis drug screening (dos: 2/1/13): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43 of 127.

Decision rationale: This claimant was injured over two years ago. As of September 2013, there was ongoing neck pain and significant headaches. The motor exam was intact. Diagnoses were cervical sprain/strain; multilevel spondylosis C2-C7 with varying degrees of foraminal stenosis; lumbar multilevel spondylosis L1-S1 with foraminal stenosis L4-L5, L5-S1 with radiculopathy. No overt drug abuse issues were noted at the time of the test. Also, the urine drug screen from February 2013 which is under review was negative. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria. Therefore, the requested treatment is not medically necessary.