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| <b>Case Number:</b>   | CM14-0213126 |                              |            |
| <b>Date Assigned:</b> | 12/30/2014   | <b>Date of Injury:</b>       | 12/19/2012 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 12/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2014 |

### 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. 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: 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:

According to the records made available for review, this is a 51-year-old female with a 12/19/12 date of injury. At the time (11/6/14) of request for authorization for Retrospective request for UDS, there is documentation of subjective (neck and arm pain) and objective (limited cervical range of motion; tenderness over the occipital cervical paraspinals, upper trapezius, and left C2-6 facet joints; 4/5 left deltoid strength; trace left reflexes; positive left Spurling's test; and decreased sensation over the left arm and hand) findings, current diagnoses (neck pain, cervical facetogenic pain and headaches, cervical discogenic pain, cervical spinal stenosis, and left C6 radiculitis), and treatment to date (medications (including ongoing treatment with Norco) and physical therapy). There is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for UDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of neck pain, cervical facetogenic pain and headaches, cervical discogenic pain, cervical spinal stenosis, and left C6 radiculitis. In addition, there is documentation of ongoing treatment with opioid. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for UDS is not medically necessary.