

Case Number:	CM14-0215556		
Date Assigned:	01/05/2015	Date of Injury:	04/10/2012
Decision Date:	02/23/2015	UR Denial Date:	11/23/2014
Priority:	Standard	Application Received:	12/23/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 48 year old woman who sustained a work-related injury on April 10 2012. Subsequently, the patient developed a chronic back pain. According to a progress report dated on October 23 2014, the patient was complaining of ongoing back and bilateral thumb pain. The patient physical examination demonstrated bilateral upper extremities tenderness. The provider requested authorization for UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 UDS Results Reviewed with Patient between 10/23/2014 and 10/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic)

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

Decision rationale: According to the MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the

presence of illegal drugs. There is no evidence that the patient had aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient had a history of use of illicit drugs. Therefore, the request for retrospective urine drug screen is not medically necessary.