

Case Number:	CM15-0014474		
Date Assigned:	02/02/2015	Date of Injury:	04/17/2013
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 04/17/2013 due to a fall. On 01/21/2015, she presented for a followup evaluation. She reported headaches and neck pain with upper extremity pain on the left with radiating symptoms. She rated her headaches at a 5/10 and stated that she would occasionally feel dizzy and have difficulty with balance. A physical examination showed that she had a nonantalgic gait and was able to walk on her toes and heels and ambulate without crutches or a cane. There was diffuse muscle guarding and tenderness at the left greater than right in the cervical spine and a positive axial head compression test. Cervical spine range of motion was noted to be decreased throughout and there was a positive Roos test, brachial plexus Tinel, Adson's test, and abduction test on the left. There was tenderness noted in the left medial epicondyle of the elbow. She also had a positive ulnar nerve compression cubital tunnel Tinel on the left. She was diagnosed with history of postconcussive injury and brachial plexopathy. It was noted that her medications had been denied. No further information was given regarding the medications she was taking. A request was made for 1 urinalysis. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The California MTUS Guidelines indicate that urine drug screening is for those who have issues with abuse, addiction or poor pain control that are taking medications that require screening. The documentation submitted for review does not indicate that the injured worker is taking any medications that require the use of a urinalysis. Also, there was no documentation showing that she had an aberrant drug taking behaviors to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.