MAXIMUS Federal Services

Case Number:	CM15-0126696		
Date Assigned:	07/13/2015	Date of Injury:	04/13/2010
Decision Date:	08/06/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 is a 46-year-old female with an April 13, 2010 date of injury. A progress note dated June 11, 2015 documents subjective complaints (frequent, moderate, achy, throbbing neck pain; frequent, moderate, achy lower back pain; constant, mild, achy, sharp left wrist pain), objective findings (decreased range of motion of the cervical spine; tenderness to palpation of the bilateral trapezii, bilateral upper trapezii, C3-C4 spinous process, C4-C5 spinous process, C4-C6 spinous processes, C4-C7 spinous processes, C5-C6 spinous process, C5-C7 spinous processes, cervical paravertebral muscles, cervical pillars; muscle spasm of the bilateral trapezii, cervical paravertebral muscles, and sub occipitals; positive Spurling's; tenderness to palpation of the lumbar paravertebral muscles; spasm of the lumbar paravertebral muscles; positive straight leg raise bilaterally; tenderness to palpation of the volar wrist; positive Phalen's; positive Carpal Compression), and current diagnoses (cervical disc displacement; cervical radiculopathy; cervical sprain/strain; degeneration of cervical intervertebral disc; lumbago; lumbar disc displacement; lumbar radiculopathy; lumbar sprain/strain; left carpal tunnel syndrome). Treatments to date have included home exercise and medications. The treating physician documented a plan of care that included a urine drug screen.

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 Drug testing. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.