

Case Number:	CM15-0173179		
Date Assigned:	09/28/2015	Date of Injury:	06/04/2015
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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:

The injured worker is a 59 year old male-female, who sustained an industrial-work injury on 6-4-15. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, cervical Herniated Nucleus Pulposus (HNP), lumbar spondylolisthesis, and lumbar degenerative disc disease (DDD). Medical records dated (6-12-15 to 8-17-15) indicate that the injured worker complains of constant upper back and neck pain aggravated by movements and activity. The pain radiates to the left upper extremity with burning and numbness in the left hand. The medical record dated 7-18-15 the pain is rated 5 out of 10 with medication and 9 out of 10 without medication and with activity. The physician indicates that she also complains of moderate low back pain that radiates to the left lower extremity (LLE) and foot with numbness. She also has left knee pain, headaches, blurred vision, nausea, vomiting, constipation and frequent urination. Per the treating physician report dated 8-17-15 the injured worker has not returned to work. The physical exam dated 7-18-15 reveals restricted range of motion left arm with decreased sensation C7 distribution. There is moderate to severe pain across the lower back with radiation to the left leg and positive straight leg raise on the left. The left knee exam reveals pain and swelling and complications with range of motion. The physician indicates that the injured worker cannot take anti-inflammatories due to Crohn's disease. Treatment to date has included pain medication Norco and Terocin patches, chiropractic, orthopedic care, cortisone knee injections, diagnostics, physical therapy and other modalities. The physician indicates that a narcotic contract has been obtained. There is no previous urine drug screen test noted. The request for authorization date was 8-18-15 and requested service included Urinalysis (Gas-liquid chromatography, Assay of opiates, UA non-auto without scope, Assay of urine creatinine). The original Utilization review dated 8-24-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis (Gas/liquid chromatography, Assay of opiates, UA nonauto without scope, Assay of urine creatinine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

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's 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 urinalysis (Gas chromatography) is not medically necessary.