

Case Number:	CM15-0176945		
Date Assigned:	09/17/2015	Date of Injury:	05/26/2015
Decision Date:	10/20/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on May 26, 2015, incurring injuries to his back, upper and lower extremities, neck, shoulders, hands, knees, and feet. He was diagnosed with cervical musculoligamentous sprain, lumbar sprain, right and left acromioclavicular joint sprains, left shoulder impingement syndrome and bilateral ankle sprains. Treatment included acupuncture, chiropractic sessions, physical therapy, pain medications, transcutaneous electrical stimulation unit, topical analgesic creams. Currently, the injured worker complained of persistent neck pain and stiffness, low back pain and weakness with limited movements, right and left shoulder achiness and stiffness aggravated with overhead reaching. He complained of intermittent painful cramps in his ankles. He noted he suffered from depression, anxiety and irritability secondary to the constant pain. The treatment plan that was requested for authorization September 2, 2015, included a urine analysis. On August 18, 2015, a request for a urine analysis was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Urine drug testing (UDT) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p54.

Decision rationale: The claimant sustained a work injury due to cumulative trauma with date of injury in May 2015. He was seen for an initial evaluation by the requesting provider on 07/17/15. He was having neck, low back, and bilateral shoulder and ankle pain with secondary depression, anxiety, and irritability. There were multiple areas of tenderness. He had psychological complaints that were not further described. Treatment recommendations included physical therapy, chiropractic treatments, and acupuncture. Topical compounded creams were prescribed. There is referenced to prescribing oral medications but these are not specified. A urine analysis was requested. In this case, the type of analysis is not specified. If a standard urinalysis is being requested, there is no indication for this test. There are no reported urinary symptoms or physical examination findings that support the need for routine urinalysis. If this is for urine drug screening, no opioid medication is identified as being prescribed and there is no reference to planned use of opioid medication. The request is not appropriate or medically necessary.