

<b>Case Number:</b>	CM15-0178536		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/06/1998
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, North Carolina  
 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 65 year old female sustained an industrial injury on 7-6-98. Documentation indicated that the injured worker was receiving treatment for cervical spondylosis, other pain disorder related to psychological factors, sleep disturbance, chronic pain syndrome, myalgia and fasciitis. Previous treatment included physical therapy, epidural steroid injections, injections and medications. In a visit note dated 8-28-15, the injured worker complained of ongoing "severe" diffuse neck pain and bilateral upper extremity pain. Physical exam was remarkable for gait and movements "within baseline" for her level of function and intact neurologic exam. The injured worker appeared alert and oriented without overt signs of intoxication or sedation. Electronic based psychological screening was administered during the office visit due to the injured worker's ongoing chronic pain complaint and diagnoses of chronic pain syndrome and pain disorders related to psychological factors. Urine drug screen was obtained during the office visit to monitor the injured worker's controlled substance use and compliance with the medical treatment regimen. PARS revealed that the injured worker got her headache medications from another physician. The treatment plan included requesting authorization for electronic psychology testing times twelve, monthly urine toxicology screening and continuing medications (Tylenol #3 and Zanaflex). On 9-4-15, Utilization Review non-certified a request for electronic psych testing times twelve and modified a request for monthly urine toxicology screening to a single urine toxicology screen obtained at a random time in the next 12 months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Electronic Psych Testing times 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**Decision rationale:** CA MTUS supports the use of psychological tests in patients with chronic pain, however the content of the requested monthly tests is not specified. The medical records provide no rationale for the necessity of monthly testing. It is unclear how monthly testing would be used to improve the current treatment plan. Therefore, the request for 12 monthly electronic psychological tests is not medically necessary or appropriate.

### **Monthly Urine Toxicology Screening: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** CA MTUS supports urine drug screening (UDS) as an option to assess for the use or the presence of illegal drugs. In this case, the patient is only taking low-dose codeine for chronic pain. There are no risk factors related to opioid therapy for this patient documented in the records. The patient appears to be at low risk for aberrant behavior regarding opioids, therefore there is no indication for a monthly drug screen. Guidelines do not recommend monthly UDS for patients at low risk. Yearly UDS would be appropriate for this patient. Therefore, the request is not medically necessary or appropriate.