

Case Number:	CM15-0038545		
Date Assigned:	03/09/2015	Date of Injury:	10/20/2012
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, 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 48-year-old female, who sustained an industrial injury on 10/20/2010. She has reported a box falling onto her back subsequently suffering neck and back pain with radiation of symptoms to bilateral upper extremities and headaches. The diagnoses have included cervical pain, cervical degenerative disc disease, cervical radiculopathy, right rotator cuff strain, chronic pain syndrome, headaches and low back pain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxants, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, traction, chiropractic and epidural steroid injections. Currently, the IW complains of neck and upper extremity pain associated with numbness and tingling to the arms, left greater than right. On 2/4/15, the physical examination documented tenderness of paracervical and upper trapezius muscle with decreased Range of Motion (ROM). There was decreased sensation in the left lateral arm noted, and positive Spurling's test. Computed Topography (CT) scan of cervical spine was documented to show multilevel disc protrusions. The plan of care included a second opinion, medication therapy, and urine toxicology screen. The medication list includes Norco, Zofran, Soma, Effexor, and Ambien. The patient has had Urine toxicology test on 11/12/14 and 1/7/15 and that was consistent. The patient has had Urine toxicology test on 2/4/15. Patient has received an unspecified number of chiropractic and psychotherapy visits for this injury. The patient has had CT myelogram of the cervical region and EMG study for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines, Page 43, Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Pain (updated 04/06/15)Urine drug testing (UDT).

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment". Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. "Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." The patient has had Urine toxicology test on 11/12/14 and 1/7/15 and that was consistent. The detailed report of the previous. Urine toxicology study as not specified in the records provided. Any history of substance abuse was not specified in the records provided . The medical necessity of the request for 1 (repeat) Toxicology Screen is not fully established in this patient.