

Case Number:	CM15-0090040		
Date Assigned:	05/14/2015	Date of Injury:	10/28/2013
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 49 year old female, who sustained an industrial injury on October 28, 2013. The injured worker was diagnosed as having degenerative disc disease (DDD), cervical strain/sprain, spondylosis, and stenosis. Treatment and diagnostic studies to date have included x-ray, magnetic resonance imaging (MRI), physical therapy, acupuncture, psychiatric evaluation and medication. A progress note dated March 20, 2015 provides the injured worker complains of neck and low back pain. Physical exam notes diffuse cervical and thoracic paraspinal tenderness with functional range of motion (ROM). There is lumbar, lumbosacral junction and superior iliac crest tenderness. The plan includes lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Panel urine drug testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no rationale provided for requesting UDS test. Therefore, 6 Panel urine drug testing is not medically necessary.