

Case Number:	CM14-0147489		
Date Assigned:	09/12/2014	Date of Injury:	03/07/2012
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 32-year-old gentleman was reportedly injured on March 7, 2012. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated September 7, 2012, indicated that there were ongoing complaints of bilateral shoulders pains. The physical examination demonstrated tenderness of the lumbar spine and decreased lumbar spine range of motion. There was also decreased abduction of the left and right shoulders. Diagnostic imaging studies of the shoulders revealed mild degenerative changes of the acromioclavicular joint. Previous treatment included a right shoulder steroid injection. A request had been made for quantitative chromatography and was not certified in the pre-authorization process on August 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for (1) Chromatography quantitative between (9/7/2012 and 9/25/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California MTUS Guidelines support quantitative chromatography, or urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Additionally, there is no documentation that the injured employee is currently prescribed any opioid medications. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for quantitative chromatography is not medically necessary.