MAXIMUS Federal Services

Case Number:	CM13-0016000		
Date Assigned:	06/13/2014	Date of Injury:	09/30/2012
Decision Date:	08/25/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 injured worker is a 41-year-old female who reported an injury on 09/30/2012. The mechanism of injury was noted to be being pushed backwards and striking her back against a bench. Prior treatments were noted to be physical therapy, medications, chiropractic care, and acupuncture. Her diagnosis was noted to be lumbosacral musculoligamentous and lumbosacral disc protrusion. The injured worker had diagnostic testing of MRI and EMG as well as a nerve conduction study. A Primary Treating Physician's Progress Report progress report on 12/06/2013 indicated the injured worker presented with subjective complaints of low back pain, intermittent/occasional mild to moderate radiating down the right leg. The injured worker indicated improvement in the symptoms with the current treatment plan. The injured worker also noted headaches and moderate to severe pain on the right side of her face had been resolved. The objective findings indicated mild to moderate palpable tenderness of the lumbar spine, range of motion slightly impaired, positive straight leg raise, positive Valsalva, and impaired heel/toe walking with hip and knee flexion. The treatment plan included 12 sessions of work conditioning or functional restoration. The provider's rationale for the request was not provided within the documentation submitted for review. A request for authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. Based upon the clinical evaluation submitted for review, it is not noted that the injured worker had issues of abuse, addiction, or poor pain control. Therefore, according to the guidelines, the injured worker does not meet the criteria for a urine drug test. As such, the request is not medically necessary.