MAXIMUS Federal Services

Case Number:	CM13-0025728		
Date Assigned:	03/14/2014	Date of Injury:	02/24/2007
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/17/2013

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 Interna Medicine and is licensed to practice in New York. 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 patient is a 52 year old female with a date of injury on 02/24/2007. The patient had a L5-S1 disc replacement. Back pain with bilateral lumbar radiculopathy was noted. On 07/26/2013 the patient had a follow up office visit for back pain and hip pain. Medications included Percocet, Flexeril and Prilosec. The urine drug testing on 06/25/2013 was in keeping with the patient's prescribed medication. Creatinine was 1.2. There was no indication to suspect drug abuse or medical complications. The next request for a urine drug screen was 2.5 months later.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL PANEL, AND A 24HR URINE PROTEIN URINE DRUG SCREEN WITH IMMUNOASSAY AND SPECTROPHOTOMETRY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Urine drug testing

Decision rationale: The Official Disability Guidelines recommends annual drug testing for patients such as the claimant presented in this that has had no history of drug abuse, and no

change in management based on the patient's previous drug testing. The patient had their previous negative urine drug test 2.5 months prior to the review of this request. Additionally there is no documentation of renal disease, proteinuria or drug abuse. The request for a medical panel, and a 24hr urine protein urine drug screen with immunoassay and spectrophotometry is not medically necessary and appropriate.