MAXIMUS Federal Services

Case Number:	CM13-0025950		
Date Assigned:	04/25/2014	Date of Injury:	01/04/2008
Decision Date:	06/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 claimant is a 34-year-old man who sustained a work-related injury on January 14, 2008. Subsequently he developed with chronic low back pain. According to an evaluation performed on September 13 2003, the patient was complaining of low back pain with intensity 5/10 without medication and 10 over 10 without medications. The pain is exacerbated by walking. Her physical examination demonstrated lumbar tenderness with reduced range of motion, and myofascial pain. Her MRI of the lumbar spine showed post bilateral laminectomy at L3 L4 and L4-5. According to his provider, the patient failed conservative therapies. He received trigger point injections. The patient underwent the at least the urine drug tests in the year 2012-13 . The patient was diagnosed with the lumbar radiculopathy, postlaminectomy syndrome, epidural fibrosis and chronic pain. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: 1 URINALYSIS DRUG SCREENING BETWEEN 8/26/2013 AND 8/26/2013: 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 Opioids, Steps to avoid Misuse/Addiction, Page(s): 77-78, 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is 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.There is no evidence that the patient have aberrent behaviour or urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. His previous urine drug screen testings were not suggestive of illegal drug use or non compliance. Therefore, the request for Urine drug screen is not medically necessary.