

Case Number:	CM13-0027687		
Date Assigned:	11/22/2013	Date of Injury:	02/17/2011
Decision Date:	01/27/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 48-year-old male with a reported date of injury on 02/17/2011. The patient presented with lumbar spine limited range of motion, tenderness to palpation and hypertonicity over the lumbar paraspinal muscles bilaterally, a positive straight leg raise on the right, 4/5 muscle strength in the L4, L5, and S1 nerve roots on the right, and pain radiating into the right lower extremity. The patient had 5/5 strength on the left and normal sensation in the L4, L5, and S1 nerve root distributions bilaterally. The patient had diagnoses including lumbar fusion with continued weakness and worsening pain and weakness in the right lower extremity. The physician's treatment plan included a request for 1 urinalysis drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urinalysis drug screen: Upheld

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

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

Decision rationale: The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines

also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. Within the provided documentation, it did not appear the patient was noted to be at risk for medications misuse. Within the provided documentation, it was unclear when the patient last underwent a urine drug screen. Therefore, it cannot be determined if the frequency of the UDS was consistent with the guideline recommendations. Additionally, the requesting physician's rationale for the request is unclear. Therefore, the request for 1 urinalysis drug screen is neither medically necessary nor appropriate.