

Case Number:	CM13-0030876		
Date Assigned:	11/27/2013	Date of Injury:	01/15/2002
Decision Date:	01/27/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine & Rehabilitation, 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 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 74-year-old male who reported an injury on 01/15/2002. The patient is currently diagnosed with lumbar degenerative disc disease with central canal stenosis and bilateral spondylolisthesis. The patient was recently evaluated by [REDACTED] on 08/27/2013. The patient reported persistent lower back pain. Physical examination of the lumbar spine was not provided. Treatment recommendations included continuation of current recommendations and an authorization request for an x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine drug screen between 7/31/13 and 8/12/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing

instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no evidence of noncompliance or misuse of medications. There are no aberrant behaviors or adverse effects documented on office visit with [REDACTED]. The patient has undergone multiple urine drug screenings on 07/31/2013, 06/06/2013, 03/07/2013, and 01/03/2013. Based on the clinical information received, the request is non-certified.