MAXIMUS Federal Services

Case Number:	CM13-0031628		
Date Assigned:	12/04/2013	Date of Injury:	04/02/2010
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine 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 44-year-old female with date of injury 04/02/2010, a second injury 3/12/2013, and her most recent injury 08/28/2013. This review pertains to the injury of 04/02/2010 with diagnoses: 1. Spinal contusion and sprain/strain syndrome, 2. Mild L5-S1 herniated disc and spondylosis. Review of provided records indicates that she treats primarily with [redacted] and with the [redacted]. The treatment in dispute is Utilization Review Denial of a urine drug screen, denial date 09/20/2013 disputed by [redacted]. [redacted] note of 08/02/2013 contains the following: The patient presents today basically unchanged since her last visit. She continues to experience severe low back pain as well as bilateral lower extremity radiculopathy. She states that her pain is primarily aggravated with physical activities that include standing, squatting, stooping and bending motions. Examination of the lumbar spine reveals tenderness to palpation over the paraspinal musculature and also spinous processes. There is bilateral sciatic notch tenderness. There is positive straight leg raise test bilaterally. Flexion is measured at 40 degrees. Extension is measured at 10 degrees. It is noted that the patient underwent a urine drug screen at [redacted] office on 7/25/13. She also underwent another urine drug screen eight days later on 08/02/2013. The note from that date does not mention why a repeat urine drug screen was required only one week later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. Urine drug screen is not medically necessary.