

Case Number:	CM13-0040716		
Date Assigned:	12/20/2013	Date of Injury:	03/23/2009
Decision Date:	02/05/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Cardiology and is licensed to practice in Texas. 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 55-year-old male with a reported date of injury on 03/23/2009. The patient presented with low back pain, tenderness to palpation of the lumbar spine with muscle spasm, and limited range of motion in the lumbar spine. The patient had diagnoses including lumbar spine sprain/strain, herniated nucleus pulposus at L3-4, radiculitis/radiculopathy, left knee sprain/strain, left ankle sprain/strain, and status post open baseball injury. A retrospective request for chromatography/quantitative drug screen, provided 08/14/2013 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography/Quantitative Drug Screen provided August 14, 2013.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. Per the provided documentation, the patient underwent urine drug screen

on 05/17/2013, which was a consistent urine drug screen. Therefore, it can be determined that the frequency of the urine drug screen was not consistent with the guideline recommendations. The guidelines recommend patients without indications of aberrant drug behaviors or abuse be monitored once yearly. Therefore, the request for retrospective chromatography/quantitative drug screen provided 08/14/2013 was neither medically necessary nor appropriate.