

Case Number:	CM13-0047127		
Date Assigned:	03/28/2014	Date of Injury:	11/16/2012
Decision Date:	04/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice, 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 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 patient is a 48-year-old male who reported an injury on 11/16/2012. The mechanism of injury was not stated. The patient is currently diagnosed with displacement of lumbar intervertebral disc without myelopathy, lower back pain with bilateral lower extremity radiculopathy, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis, myalgia, insomnia, lumbar spondylosis, bilateral neural foraminal stenosis, and annular tear at L4-5. The patient was seen by [REDACTED] on 07/31/2013. The patient reported persistent lower back pain. The patient has been treated with activity modification, cold therapy, physical therapy, and diagnostic lumbar epidural steroid injections. Physical examination on that date revealed sensory deficit in the anterior lateral thigh, anterior knee and medial leg and foot on the left with distorted superficial tactile sensibility, limited lumbar range of motion, slight paraspinal tenderness, SI joint tenderness bilaterally, and tenderness at the buttock area on the right. Treatment recommendations at that time included an epidural steroid injection, as well as a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINALYSIS DOS: 7/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California 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. 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 documentation submitted, the patient's injury was greater than 1 year ago to date and there is no indication of non-compliance or misuse of medication. There was also no indication that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.