MAXIMUS Federal Services

Case Number:	CM13-0055540		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2011
Decision Date:	03/25/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing of September 12, 2013, notable for chronic left S1 radiculopathy; earlier lumbar laminectomy surgery; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 13, 2013, the claims administrator retrospectively denied a request for urine drug testing apparently performed on September 24, 2013. The applicant's attorney subsequently appealed. On a progress note of September 24, 2013, the applicant presented with chronic low back pain radiating to left lower extremity. The applicant reports lower extremity strength ranging from 3+ to 5/5. The applicant exhibits diminished sensorium about the left foot. A qualitative 12-panel urine drug screen is apparently performed in the clinic. However, the applicant's medication list was not detailed or described on this progress note. The exact contents of the drug tests panel were not described.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines, chronic pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: While page 43 of the MTUS Chronic Pain Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines, an attending provider should clearly state those drug tests and/or drug panels which he is testing for along with a request for authorization for testing. The attending provider should also state the applicant's medication list along with the request for drug testing. In this case, the attending provider stated that he was testing for 12 unspecified drugs. He did not, moreover, furnish the applicant's medication list along with the request for authorization for testing. It was unclear what (if any) medications the applicant was taking and/or whether the attending provider was performing 'for-cause' testing or 'random' drug testing. Therefore, the request is not medically necessary and appropriate.