

Case Number:	CM13-0067366		
Date Assigned:	01/03/2014	Date of Injury:	03/25/2012
Decision Date:	04/21/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	12/17/2013

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 in Family Practice, 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 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 49 year-old female who reported a date of injury on 03/05/2012 and the mechanism of injury was unknown. The patient diagnosis is low back pain with numbness into the right lower extremity. The patient's medical treatment included Chiropractic treatments and Opioids

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 URINALYSIS DRUG SCREENING between 09/24/2013 and 09/24/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78.

Decision rationale: The California MTUS guidelines indicate the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The medical documentations provided do not indicate the patient had issues of abuse, addiction, or poor pain control. Therefore, the Retrospective request for 1 Urinalysis Drug Screening between 09/24/2013 and 09/24/2013 is not medically necessary.

