

Case Number:	CM13-0070984		
Date Assigned:	01/08/2014	Date of Injury:	10/18/2011
Decision Date:	05/29/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/26/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 33 year old man with a date of injury of 10/15/11. He was seen by his primary treating physician on 11/5/13 with complaints of mid back pain status post thoracic epidural injection. He had tenderness to palpation with spasm over his thoracic paravertebral muscles and pain with rotation. His diagnoses were status post motor vehicle accident, thoracic disc disease and thoracic spine radiculopathy. He was to engage in home exercises and to hold off on further injections. He was documented to not be taking medications currently. He had random blood drawn on 10/14/13 and an urinalysis which was unremarkable. He also had urine drug testing done on 10/1/13 which was negative. At issue in this review is urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43,77,78 & 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,78.

Decision rationale: This injured worker has a history of chronic pain since 2011. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain

management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, prior drug screening was negative and prior urinalysis completely normal. A complete urinalysis can be obtained in those with evidence of or suspected kidney disease known or suspected kidney stones. A complete urinalysis may also clarify significance of findings noted on urine dipstick analyses from asymptomatic individuals who may have had the urine dipstick as part of a workup for another medical condition. The records fail to document any issues of abuse or addiction or kidney disease to justify the medical necessity of a repeat urinalysis or urine drug screen.