MAXIMUS Federal Services

Case Number:	CM14-0001403		
Date Assigned:	01/22/2014	Date of Injury:	11/01/2001
Decision Date:	06/16/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 Internal 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 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 56 year old male who reported an injury on 11/01/2001, due to a heavy lifting injury. The clinical note dated 08/23/2013 presented the injured worker with upper and lower back pain described as aching, burning, dull, stabbibg, throbbing, pulling, and spasms. He was also experiencing stiffness and weakness in his legs bilaterally. The injured workers physical exam reveals pain with Valsalva, pain with palpation from the L3-S1, the L4-L5 dermatome demonstrated light touch sensation to the left, the deep tenon reflexes are blunted, and a positive straight leg raise. The injured worker was status post L5-S1 global fusion with radicular symptoms down the legs, had bilateral shoulder pains secondary to impingment syndrome with a torn labrum on the right and AC joing arthosis to the left, facet atrophy to the lumbosacral spine, and Pedicle screws at L5-S1 with IBF cages at the L5-S1 with a 3mm disc bulge protrusion/herniation at L4-L5 and L5-S1. The injured worker had facet capsular tears bilaterally at L3-L5 and a hardware removal on 06/10/2009. The provider recommended a Urine Drug Screen. The injured worker's medications included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCREENING DRUG TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG TEST Page(s): 43.

Decision rationale: The request for a Urine Drug Screen is non-certified. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. Therefore, the request for a Urine Drug Screen is not medically necessary.