

Case Number:	CM14-0003859		
Date Assigned:	02/03/2014	Date of Injury:	09/21/2004
Decision Date:	07/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Family Practice and is licensed to practice Texas and Mississippi. 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 54-year-old male who reported an injury on 09/21/2004. The mechanism of injury was not provided. On 10/30/2013, the injured worker presented with persistent pain of the low back that radiated to the lower right extremity with numbness and tingling. Upon examination of the lumbar spine there was a well-healed midline scar, tenderness at the lumbar paravertebral muscles with spasm, and residual right lower extremity paresthesia of the L5 dermatome. He notes it is worse status post posterior lumbar interbody fusion L3-S1, retained symptomatic lumbar spinal hardware, and degenerative joint diseases bilateral knees. Prior treatment included intramuscular injections and medication. The provider recommended a retrospective, date of service 10/30/2013, urine specimen/medication screening. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DOS: 10/30/13 ONE URINE SPECIMEN/MEDICATION SCREENING: 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 Urine Drug Test Page(s): 43.

Decision rationale: The retrospective date of service, 10/30/2013, urine specimen/medication screening 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 ongoing 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 behaviors, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There was also no evidence of opioid use. Therefore the request for one retrospective urine specimen/medication screening (DOS: 10/30/13) is not medically necessary.