

Case Number:	CM14-0007941		
Date Assigned:	02/07/2014	Date of Injury:	06/21/2012
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 25-year-old male who reported an injury on 06/21/2012 while performing normal job duties. The injured worker experienced an acute onset of mid back pain. The injured worker's treatment history included medications, acupuncture, physical therapy, and a home exercise program. The injured worker was evaluated on 11/07/2013. The injured worker's medications included Flexeril, Dendracin lotion, and ibuprofen. Physical findings included restricted lumbar range of motion secondary to pain over the left deltoid. The injured worker's diagnoses included sprain of the thoracic spine. The injured worker's treatment plan included continuation of medications and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERFORMED URINE DRUG SCREENING (UDS)11/07/2013 QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The requested PERFORMED URINE DRUG SCREENING (UDS) 11/07/2013 QTY: 1.00 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends drug screening for patients who are at risk for developing aberrant behavior due to chronic opioid usage or for injured workers who have symptoms of overuse or withdrawal and provide suspicion of illicit drug use. The clinical documentation submitted for review does not provide any evidence of aberrant behavior or medications that would require urine drug screen monitoring. The clinical documentation does not provide any evidence of physical signs or symptoms that would indicate illicit drug use. Therefore, the need for a urine drug screen is not supported. As such, the requested PERFORMED URINE DRUG SCREENING (UDS) 11/07/2013 QTY: 1.00 is not medically necessary or appropriate.