

Case Number:	CM14-0107336		
Date Assigned:	08/01/2014	Date of Injury:	02/15/2006
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old gentleman was reportedly injured on February 15, 2006. The mechanism of injury was noted as falling off a ladder while cutting a tree. The most recent progress note, dated July 11, 2014, indicated that there were ongoing complaints of low back pain. Current pain was rated at 8/10 to 9/10 without medications and 4/10 to 5/10 with medications. No physical examination was included with this note. Diagnostic imaging studies of the lumbar spine indicated disk protrusions at L4-L5 and L5-S1 as well as lumbar epidural steroid injections and medial facet blocks. Previous treatment included lumbar spine fusion. A request had been made for a urine drug screen and was not certified in the pre-authorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Retro Request for Urine Drug Screening for DOS 12/08/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for Urine Drug Screen is not medically necessary.