

Case Number:	CM14-0113781		
Date Assigned:	08/01/2014	Date of Injury:	02/03/2012
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Medicine and is licensed to practice in Texas and Georgia. 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 51-year-old female who reported an injury on 02/03/2012. The mechanism of injury is unknown. The injured worker has diagnoses of lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and lumbar sacroiliac arthropathy. Past treatments include medications, injections, home exercise, stretches and core stabilization as well as urine toxicology screening. Diagnostic studies included an EMG/NCV of the bilateral lower extremities and a urine drug screen. The surgical history included left shoulder surgery on 05/06/2014. On 06/17/2014, the injured worker complained of lumbar spine pain. The injured worker rated the pain at a 5/10 to 6/10 with medications and a 7/10 to 8/10 without medications. She described her pain as constant and radiating to the bilateral legs, right greater than left, and into the ankle with a sensation of weakness and numbness. She stated that the pain had only decreased a little since her procedure was done on 05/24/2014. She received a left sacroiliac joint injection. She indicated that the first day and the second day, she had 75% relief of pain. She now states that she feels only 20% better and that she cannot do anything different yet due to the left shoulder surgery on 05/06/2014. The lumbar spine examination revealed that there was diffuse tenderness and spasm over the lumbar paravertebral muscles. There was tenderness to palpation over the left piriformis muscle, which elicited referred pain to the posterior thigh and gluteus muscle. Supine straight leg raise on the left caused low back pain. There was trace decreased sensation noted in the bilateral L5 and S1 dermatomes. The treatment plan was for an EMG/NCV of the bilateral lower extremities to rule out new evidence of radiculopathy. The injured worker reported that she could not tell if the left sacroiliac joint injection works as she underwent a left shoulder surgery on 05/06/2014. The injection was on 05/24/2014. Medications included Norco 10/325 mg. There was a urine toxicology screening previously

done. This request is for a urine toxicology screen. The rationale was not provided. The Request for Authorization was dated 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT).

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

Decision rationale: The injured worker has a history of back and shoulder pain. The California MTUS Guidelines recommend using a drug screen to assess for the use or the presence of illegal drugs. Drug screening can be used to discover issues of abuse, addiction and poor pain control. The injured worker was receiving urine drug screening tests to assess her compliance. There is a lack of documentation indicating that the injured worker displayed aberrant behaviors or a history of medication misuse. There is no justification for the necessity of a urine drug screen at this time. As such, the request is not medically necessary.