

Case Number:	CM14-0123232		
Date Assigned:	08/08/2014	Date of Injury:	10/01/2013
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/05/2014

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 36 year-old individual was reportedly injured on 10/1/2012. The mechanism of injury is noted as cumulative trauma. Most recent progress note, dated 5/29/2014. Indicates that there are ongoing complaints of low back pain that radiates in the left lower extremity.. The physical examination demonstrated antalgic gate favoring the left lower extremity. Lumbar spine: positive tenderness to palpation over the bilateral paraspinal muscles at L3-S1 left more than right. Moderate spinal tenderness to palpation over L3-S1, positive tenderness over the facet joints at L3-S1 bilaterally left more than right. Decreased range of motion. Positive Kemps test bilaterally. Straight leg raise is positive at 40 on the left. Positive tenderness to palpation sciatic nerve on the left. Decreased sensation S-1 dermatome on the left lower extremity. Decreased muscle strength left lower extremity, 2, and S-1 innervated muscles. Reflexes 2+ equal bilaterally. Patient is unable to heal/to walk bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medications, physical therapy, epidural steroid injection, and conservative treatment. A request had been made for chromatography qualitative urine drug screen, and was not certified in the pre-authorization process on 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chromatography Qual urine drug screen (DOS 7/9/14): 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 Page(s): 43.

Decision rationale: 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 is not considered medically necessary.