

Case Number:	CM14-0138501		
Date Assigned:	09/05/2014	Date of Injury:	07/09/2013
Decision Date:	10/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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 42-year-old male was reportedly injured on 7/9/2013. The mechanism of injury was noted as a lifting injury. The claimant previously underwent an anterior cervical discectomy and fusion (ACDF) at C6-C7 in August 2012. The most recent progress notes, dated 7/22/2014 and 8/19/2014, indicated that there were ongoing complaints of low back and buttock pains. Physical examination demonstrated tenderness bilaterally to sacroiliac joint sulcus and right lumbar paraspinal muscles overlying the L4-L5 and L5-S1 facet joints, restricted lumbar spine and lower extremity range of motions in all directions. Lumbar extension was worse than flexion. There was negative discogenic and sacroiliac provocative maneuvers. There were also positive Gaenslen's test and Patrick's maneuver, SI compression, Yeoman's test and pressure at the sacral sulcus bilaterally. Reflexes were 1 and symmetrical in all limbs. There was also absent clonus. Muscle strength was 5/5. The patient was in no acute distress. No recent diagnostic imaging studies available for review. Previous UDS tests were performed on 12/10/2013, 3/18/2014 and 7/22/2014. Previous treatment included physical therapy and medications to include non-steroidal anti-inflammatory drugs (NSAIDs), Xanax, Klonopin, Wellbutrin, Celexa, Prilosec, Neurontin and Norco. A request had been made for a twelve (12) panel urine drug screen, which was not certified in the utilization review on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) panel Urine Drug Screen: 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 Drug testing Page(s): 43, 77.

Decision rationale: MTUS treatment 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. Review of the available medical records documents three urine drug screens from December 2013 to July 2014; however, no documentation of high risk behavior, previous abuse or misuse of medications. Therefore, this request is not considered medically necessary.