MAXIMUS Federal Services

Case Number:	CM14-0167104		
Date Assigned:	10/14/2014	Date of Injury:	07/25/2008
Decision Date:	11/19/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This case involves a 53 year-old female with date of injury 07/25/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/09/2014, lists subjective complaints as pain in the low back with lower extremity symptoms and neck pain with upper extremity symptoms. Objective findings include tenderness in the thoracic and lumbar spine; range of motion was limited with pain; positive straight leg test bilaterally; gait was slightly antalgic; and spasm of the lumboparaspinal musculature and cervical trapezius. Diagnosis includes protrusion L3-4 with bilateral foraminal stenosis; protrusion 4mm at L5-S1 with bilateral foraminal stenosis; annular tear L5-S1; status post lumbar surgery, 2009; thoracic pain; bilateral plantar fasciitis; cervical pain with upper extremity symptoms; and right shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Screening

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. There is no documentation in the medical record that previous urine drug screen had been used for any of the above. Therefore, the retrospective urine drug screen is not medically necessary.