

Case Number:	CM14-0170646		
Date Assigned:	10/23/2014	Date of Injury:	01/03/2010
Decision Date:	11/21/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 is a 32 years old female patient who sustained the injury on 1/3/2010. She sustained the injury while climbing onto a counter to take down christmaslights and fell resulting in a sprained left wrist. The current diagnosis includes rightpiriformis syndrome, right sacroiliac arthropathy, lumbar spine facet syndrome and lumbar spine discopathy. Per the doctor's note dated 9/5/2014, she had complaints of lumbar spine pain. The physical examination revealed an antalgic gait to the right, heel-toe walk exacerbates antalgic gait to the right, mild tenderness, spasm and guarding over the lumbar paraspinous muscles, moderate facet tenderness at L4-S1, positive Piriformis tests on the right, positive sacroiliac tests on the right, a positive Kemp's test bilaterally, positive Farfan's test bilaterally, range of motion to lumbar spine: rightlateral bending 20 degrees, left lateral bending 25 degrees, 60 degrees flexion and 15 degrees extension, intact sensation, 5/5 strength throughout bilateral lower extremities and 2+ lower extremities reflexes. The current medications list includes Ibuprofen and Lidoderm patches. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS

Citation Official Disability Guidelines: Pain Chapter - Urine drug testing (UDT); Indications for UDT

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

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medication list includes ibuprofen and lidoderm patches. Any evidence that the patient has a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. The medical necessity of Urine Toxicology Screening is not established for this patient at this juncture.