

Case Number:	CM14-0177976		
Date Assigned:	10/31/2014	Date of Injury:	09/07/2008
Decision Date:	12/15/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old with an injury date on 9/7/08. Patient complains of continuing lumbar pain and burning/shooting pain traveling down left leg to his left foot with numbness/tingling/weakness, overall pain rated 4/10 with use of medications, and 8/10 without medications per 6/18/14 report. Patient has held off on L5-S1 laminectomy/discectomy due to continuing gastrointestinal issues (cholecystitis/gastric ulcers) per 6/18/14 report. Based on the 6/18/14 progress report provided by [REDACTED] the diagnoses are: 1. recurrent disc herniation 2. radiculopathy Exam on 6/18/14 showed "L-spine range of motion limited, with extension at 5 degrees due to pain. Positive straight leg raise on left at 30 degrees." Patient's treatment history includes lumbar laminectomy on 6/25/13 and subsequent 16 visits of physical therapy, MRI of L-spine that showed L5-S1 left disc herniation of 6mm, EMG/NCV. [REDACTED] [REDACTED] is requesting random urine drug screen to be done once each quarter, Qty: 4 The utilization review determination being challenged is dated 10/8/14 and modifies request to 1 urine drug screen. [REDACTED] is the requesting provider, and he provided treatment reports from 4/9/14 to 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random urine drug screen to be conducted once each quarter, QTY: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse, Opioids, steps to avoid misuse/addiction, Drug Testing Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

Decision rationale: This patient presents with back pain and leg pain. The treating physician has asked for random urine drug screen to be done once each quarter, Qty: 4 on 6/18/14. Patient had a urine drug screen administered on 6/18/14, which came out with consistent results per 6/18/14 report. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Per MTUS, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the patient does not present with aberrant behaviors that would warrant such frequent testing. ODG states once yearly is suffice for low risk patients. The request is not medically necessary and appropriate.