

Case Number:	CM14-0180068		
Date Assigned:	11/04/2014	Date of Injury:	10/03/2012
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 & Rehabilitation 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 injured worker is a 38-year-old male who reported injury on 10/03/2012, due to a fall. His diagnoses were noted to include L2-3 disc herniation including L3 intervertebral disc intrusion with associated fracture, and a left heel/ankle pain, etiology nuclear. The injured worker's past treatments were noted to include medication, physical therapy, diagnostic studies, and a back brace. The injured worker's diagnostic studies were noted to include x-rays of the left foot, left ankle, and hip, MRI of the lumbar spine, bone scan, and CT of the lumbar spine. On 08/19/2014, the injured worker complained of low back pain primarily on the left side, rated 4/10. The injured worker also reported pain in the medial left side around the left knee, as well as numbness rated 4/10. He also noted with walking there is pain in his left heel, including the plantar heel, rated 6/10. The injured worker also reported difficulty climbing 1 flight of stairs, difficulty with pushing, pulling, kneeling, bending, and squatting. The physical exam findings noted the injured worker was unable to walk on toes and heels. Documentation noted his bilateral hip ranges of motion were considered symmetric and normal, but the injured worker resisted somewhat on the left, which he as attributes to back pain. The physical exam also noted the Patrick's test was said to produce back pain on the injured worker's left side. Seated straight leg raise caused back pain on the left. Documentation also noted that Babinski's test is negative on both sides. The injured worker's medications were noted as gabapentin and Prilosec. The treatment plan was noted to include future care of the back condition, such as review of medication, possible courses of physical therapy, injection procedures, and possible decompression or fusion surgery if back condition deteriorates and does not respond to conservative treatment. A request was received for a urine drug screen. The documentation provided did not include the rational or the request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43 and 78.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS guidelines only recommend use of urine drugs screens as an option to assess for the use or presence of illegal drugs. In the documentation provided there was no notation of aberrant drug seeking behavior or medication misuse. Additionally, the documentation indicated the injured worker was not prescribed any narcotic medications that would be identified on a urine drug screen. The documentation included a urine drug screen dated 04/15/2014, which was noted to be normal. Per the documentation submitted for review, the request is not supported. As such, the request is not medically necessary.