

Case Number:	CM14-0034601		
Date Assigned:	06/20/2014	Date of Injury:	06/27/2012
Decision Date:	09/19/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 40 year old male with date of injury 6/27/2012. The mechanism of injury is stated as a fall. The patient has complained of low back pain with radiation of pain to the bilateral lower extremities. He has been treated with physical therapy, trigger point injections and medications. MRI of the lumbar spine performed in 04/2013 revealed disc disease at L3-4, disc protrusion at L4-5 with mild neuroforaminal stenosis at this level and mild disc disease at L5-S1. Objective: decreased and painful range of motion of the lumbar spine, positive straight leg rise on the left. Diagnoses: lumbar disc protrusion, lumbar spinal stenosis. Treatment plan and request: Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Pain Procedure Summary last updated 01/07/201.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse Page(s): 94.

Decision rationale: This 40 year old male has complained of low back pain with radiation of pain to the bilateral lower extremities since date of injury 6/27/2012. He has been treated with physical therapy, trigger point injections and medications. The current request is for urine drug screen. A urine drug screen was performed several months prior to this request. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications and no discussion regarding why frequent testing is required. On the basis of the MTUS guidelines cited above, urine drug screen is not indicated as medically necessary.