

Case Number:	CM14-0044145		
Date Assigned:	07/02/2014	Date of Injury:	05/15/2007
Decision Date:	08/26/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 41-year-old female with a reported date of injury on 05/15/2007. The mechanism of injury was due to a slip and fall from a van. Her diagnoses were noted to include status post lumbar fusion L5-S1, chronic mid back pain, lumbar radiculopathy, and status post intrathecal morphine pump placement. Her previous treatments were noted to include physical therapy, surgery, medications, and an intrathecal delivery system implant. The progress note dated 07/16/2014 revealed the injured worker complained of back pain radiating to the left lower extremity. The injured worker indicated that the escalating activities of daily living aggravated the underlying symptoms and reduced activities of daily living improved the injured worker's symptoms. The injured worker reported that there were no muscle spasms. The physical examination revealed tenderness and hypertonicity to the paravertebral muscles of the lumbar spine up to about T9. There was decreased range of motion to the lumbar spine and motor strength was normal. The progress note dated 05/28/2014 revealed the injured worker complained of low back pain and no muscle spasms. The physical examination revealed decreased range of motion to the lumbosacral spine and full motor strength. A urine drug screen was performed on 04/11/2014, which was consistent with therapy. The Request for Authorization form was not submitted within the medical records. The request is for a urine drug toxicology screening X 4 per year; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug toxicology screening, X 4 per year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction Page(s): 43, 94.

Decision rationale: The request for Urine drug toxicology screening, X 4 per year is non-certified. The injured worker had a previous urine drug screening on 04/11/2014, which was consistent with therapy and showed a small amount of alcohol. The California Chronic Pain Medical Treatment Guidelines recommend drug testing using a urine drug screen to assess for the use or presence of illegal drugs. The Guidelines state to avoid the misuse of opioids and in particular for those at high risk of abuse, frequent random urine toxicology screenings may be appropriate. There is a lack of documentation regarding the injured worker being at high risk for opioid abuse to warrant 4 urine toxicology screenings per year. The Guidelines recommend frequent urine drug screenings for those at high risk of abuse and the provider did not indicate the injured worker was at high risk. Therefore, the request for Urine drug toxicology screening, X 4 per year is not medically necessary.