

Case Number:	CM14-0044334		
Date Assigned:	07/02/2014	Date of Injury:	06/25/2012
Decision Date:	08/27/2014	UR Denial Date:	04/05/2014
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 Family Practice 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:

60 year old male claimant sustained a work injury on 6/5/12 involving the low back. He was diagnosed with lumbar spondylosis, lumbar spine degeneration and lumbar radiculitis. He had undergone aquatic therapy, acupuncture, and used opioids and NSAIDs for pain control. A progress note on 2/15/14 indicated the claimant had 4/10 pain. He was not on analgesics at the time. Examination was notable for diffuse tenderness of the lumbar spine. Sciatic Nerve Root Tension Tests were positive on both sides with straight leg raising. Range of motion was reduced as well. The treating physician recommended a lumbar epidural steroid injection and a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to

prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.