

Case Number:	CM14-0060915		
Date Assigned:	07/09/2014	Date of Injury:	09/19/2012
Decision Date:	09/12/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	05/01/2014

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 Illinois. 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 43-year-old female who reported an injury on 09/09/2012. The mechanism of injury involved repetitive activity. Current diagnoses include lumbar disc radiculopathy, lumbar spine strain, plantar fasciitis, and calcaneal spur. The latest physician progress report submitted for this review is documented on 03/21/2013. The injured worker presented with complaints of right foot pain and low back pain. Physical examination on that date revealed limited lumbar range of motion, tenderness to palpation, spasm, positive straight leg raising, positive Braggard's testing, normal motor strength, and intact sensation. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/11/2013 and an MRI of the right foot on 12/27/2012. Treatment recommendations included prescriptions for hydrocodone and alprazolam, and continuation of physical therapy and chiropractic treatment. There was no DWC Form RFA submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 Urine Toxicology screening collected on 12/20/13 reported on 1/7/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10,33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.