

Case Number:	CM14-0062863		
Date Assigned:	07/11/2014	Date of Injury:	07/23/2012
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/05/2014

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:

According to the records made available for review, the injured worker is a 51 year old with a 7/23/12 date of injury. There is documentation of subjective ongoing problems with regards to her back as well as her bilateral knees. There is objective findings of focally tender at the L4, L5, S1 levels; tenderness along the superior iliac crest bilaterally; and tenderness along the mediolateral as well as anterior aspect of left knees. Current diagnoses are status post fall with contusion left foot, contusion left knee with medial and lateral meniscal tear, pre-existing osteoarthritis left knee and right knee with aggravation of pain due to altered biomechanics, bilateral hip trochanteric bursitis, cervical sprain/strain without radiculopathy, cervical disc space narrowing at C5-C6), and treatment to date include medication. There is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Panel Urine Drug Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Pain Procedure Summary, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of status post fall with contusion left foot, contusion left knee with medial and lateral meniscal tear, pre-existing osteoarthritis left knee and right knee with aggravation of pain due to altered biomechanics, bilateral hip trochanteric bursitis, cervical sprain/strain without radiculopathy, cervical disc space narrowing at C5-C6. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for 6 panel urine drug testing is not medically necessary.