

Case Number:	CM14-0070342		
Date Assigned:	07/14/2014	Date of Injury:	03/10/2010
Decision Date:	08/12/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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, this is a 44-year-old female with a 3/10/10 date of injury, and status post laminectomy and discectomy 2010. At the time (4/18/14) of request for authorization for drug screen testing (DOS 3/21/2014 through 3/25/2014), there is documentation of subjective (persistent symptomatology, becoming quite debilitating; constant low back pain, pain radiating to the left lower extremity intermittently, associated tingling and numbness) and objective (significant throughout the lumbar region, positive seated nerve root test, dysesthesias in the left L5-S1 dermatomal pattern with numbness in the lateral thigh, anterolateral and posterior leg and foot, absent Achilles reflex on the left side, 3-4/5 strength in the left ankle plantar flexor and extensor hallucis longus) findings, current diagnoses (status post laminectomy and discectomy 2010; lumbar discopathy with progressive neurologic deficit in left lower extremity, persistent left S1 greater than L5 radiculopathy), and treatment to date (physical therapy, epidural injection, chiropractic, and medications (including Motrin). There is no documentation of on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen Testing (DOS 3/21/2014 through 3/25/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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) page 33.

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 laminectomy and discectomy 2010; lumbar discopathy with progressive neurologic deficit in left lower extremity, persistent left S1 greater than L5 radiculopathy. However, there is no documentation of on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for drug screen testing (DOS 3/21/2014 through 3/25/2014) is not medically necessary.