

Case Number:	CM14-0076551		
Date Assigned:	07/18/2014	Date of Injury:	07/13/2010
Decision Date:	09/25/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 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:

The injured worker is a 49 year old male with as reported date on injury on July 13, 2010. The mechanism of injury is not described. The injured worker underwent L5-S1 right side hemilaminectomy discectomy for right sided 18 millimeter disc herniation in year 2010. The injured worker complains of persistent pain in his lower back with radiating symptoms into the right leg. Motor strength testing was noted as symmetric. X-rays showed disc space narrowing at L5-S1. Apart from surgical intervention the injured worker has treated with physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Panel Drug Testing QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screens.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance

with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and is taking opioids chronically. There is no record of previous urine drug tests for review. Furthermore, there is no documentation of non-compliance, addiction or aberrant behavior. Thus, the request for repeat urine drug screen is not medically necessary.