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| Case Number: | CM14-0078123 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 09/17/2012 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 30 year-old male with the date of injury of 09/17/2012. The patient presents with constant pain in his upper, mid and low back. Exam reveals there is tenderness to palpation of the thoracic paravertbral muscles, L3-L5 spinous processes and lumbar paravertebral muscles. Sitting straight leg raise is positive. According to [REDACTED] report on 07/07/2014, diagnostic impressions are thoracic musculoligamentous injury, lumbar musculoligamentous injury, other insomnia, sleep disturbance. The utilization review determination being challenged is dated on 05/07/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/14/2014 to 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient presents persistent pain and weakness in his mid and lower back. The request is for urinalysis. MTUS guidelines recommend urinalysis as an option to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. The patient is currently taking Naproxen, Omeprazole, Hydrocodone, and Zilpidem. [REDACTED] report on 07/21/2014 indicates that the patient underwent urine screen on 07/07/2014 (post utilization review and the current review). Utilization review letter on 05/07/2014 referemces retrospective urinalysis performed on 04/14/2014, the date of urine toxicology under this review. The reports do not show any other or prior urine toxicology. Given the patient's current opiate use, urine screen obtained on 4/14/14 appear reasonable as there were no other ones prior to this. Recommendation is for authorization.