

Case Number:	CM14-0086016		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2000
Decision Date:	09/23/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 62-year-old gentleman who was reportedly injured on March 20, 2000. The mechanism of injury is noted as pulling a pallet out of a stack of pallets. The most recent progress note, dated May 21st 2014, indicates that there are ongoing complaints of lumbar spine pain. Current medications include Etodolac, hydrocodone/acetaminophen, omeprazole, Terazosin, Mexilate, Finasteride, Metoprolol, isosorbide, aspirin, conduct simvastatin, and Nitrostatin. The physical examination demonstrated significant tenderness, spasms and sensitivity along the lumbar spine with decreased lumbar spine range of motion. There was also documentation of decreased strength in the bilateral legs. Existing medications were refilled on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine laminectomy and fusion from L4 through S1 as well as psychotherapy and a home exercise program. A request had been made for a urine analysis and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine analysis, as outpatient for neck and low back injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Acoem -http://www.acoempracguides.org/Chronic_pain, Table 2, Summary of Recommendations. Decision based on Non-MTUS Citation Official Disability Guidelines- 11th Edition, (web 2014) Treatment section for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 43 of 127.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS, page 43 of 127. The Expert Reviewer's decision rationale: The California Medical Treatment Utilization Schedule Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, there is no indication for urine analysis at this time. As such, this request for a urine analysis as an outpatient for a neck and low back injury is not medically necessary.