MAXIMUS Federal Services

Case Number:	CM15-0102819		
Date Assigned:	06/05/2015	Date of Injury:	12/09/2013
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 54 year old female, who sustained an industrial injury on 12/09/2013. She has reported injury to the low back. The diagnoses have included lumbar sprain/strain; lumbar radiculopathy; anxiety; and depression. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, lumbar support, acupuncture, and physical therapy. Medications have included Naproxen, Gabapentin, Lidoderm Patch, and Protonix. A progress note from the treating physician, dated 05/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of dull, achy low back pain, with numbness and tingling radiating to the left lower extremity; numbness, tingling, and weakness associated with repetitive movement, prolonged or repetitive bending, kneeling, twisting, stooping, or squatting; pain is rated at 2-3/10 on the pain scale with medications; and she has relief from medications and rest. Objective findings included decreased range of motion to the lumbar spine; tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles; muscle spasm of the bilateral gluteus and lumbar paravertebral muscles; Kemp's test is positive; and sitting straight leg raise is positive. The treatment plan has included the request for specimen collection and handling; and urine toxicology screen and confirmations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specimen Collection and Handling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Urine Toxicology screen and confirmations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77, 80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine drug test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. There is no documentation from the provider concerning patient being high risk for abuse. Provider has failed to document any objective information as to whether patient is on opioids or if there is any plans to initiate opioid therapy. There is no indication s for urine toxicological screening provided and it is therefore not medically necessary.