MAXIMUS Federal Services

Case Number:	CM15-0108042		
Date Assigned:	06/12/2015	Date of Injury:	09/18/1980
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 69-year-old male, who sustained an industrial injury on September 18, 1980. He reported low back pain with radiating pain, tingling and numbness to bilateral lower extremities. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar stenosis, lumbar spondylolisthesis, lumbar radiculopathy and bilateral sacroiliac arthropathy. Treatment to date has included diagnostic studies, conservative care, medications and activity restrictions. Currently, the injured worker complains of continued low back pain with bilateral lower extremity radiculopathies. The injured worker reported an industrial injury in 1980, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 21, 2015, revealed continued low back pain radiating to bilateral lower extremities with associated tingling and numbness. He reported he wanted to avoid surgical intervention at all possibility. Medications were continued. Evaluation on April 23, 2015, revealed continued pain as noted. Medications were renewed. Diagnostic studies and a urinary drug screen were requested. Notes indicate that previous urine drug screens have been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing (on site collection/off site confirmatory analysis using high complexity laboratory test protocols including GC/MS, Lc/MS and ELISA technology for medication treatment compliance): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

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): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient has previously undergone urine drug screen. It is unclear how these previous urine drug screens were incorporated into the patient's treatment plan. Additionally, there is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.