

Case Number:	CM15-0139829		
Date Assigned:	07/29/2015	Date of Injury:	09/01/2014
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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 63 year old female, who sustained an industrial injury on 9-1-2014. She reported injury to the low back from lifting activity. Diagnoses include lumbago, radiculitis, and status post lumbar fusion in 2008. Treatments to date include anti-inflammatory, opioid, muscle relaxant, topical compound creams, and physical therapy. Currently, she complained of ongoing low back pain with radiation into the right hip. On 6-25-15, the physical examination documented decreased and painful lumbar range of motion, positive Kemp's test, and a positive right side straight leg raise test. The plan of care included a referral to pain management, a neurosurgical follow up and initial functional capacity evaluation. The appeal requested authorization for a urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

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

Decision rationale: The requested Urine toxicology test is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain with radiation into the right hip. On 6-25-15, the physical examination documented decreased and painful lumbar range of motion, positive Kemp's test, and a positive right side straight leg raise test. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine toxicology test is not medically necessary.