

Case Number:	CM15-0141452		
Date Assigned:	07/31/2015	Date of Injury:	07/30/2002
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/21/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on July 30, 2002, incurring low back injuries after a lifting accident. She was diagnosed with lumbar disc disease, lumbar radiculopathy. She underwent a lumbar laminectomy. Treatment included lumbar epidural steroid injection, pain medications, physical therapy, home exercise program, aqua therapy, muscle relaxants and antianxiety medications. Currently, the injured worker complained of persistent low back pain radiating down the right leg and into the right foot aggravated by sitting long periods of time. She had decreased range of motion, muscle spasms and decreased sensation of the leg and she had diffuse lower extremity muscle weakness. She was diagnosed with low back pain and chronic pain syndrome. The treatment plan that was requested for authorization included a retrospective urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine drug screen: Upheld

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: Drug testing is recommended as an option, using a urine drug screen (UDS) to assess for the use or presence of illegal drugs. This patient had a consistent UDS on 3/7/15. There is no documentation of aberrant behavior, medication misuse or abuse, or any other documentation that the patient is anything other than a minimal risk for medication misuse. The medical necessity for a repeat UDS is not justified. This request is not medically necessary. A yearly UDS would be reasonable in this patient.