MAXIMUS Federal Services

Case Number:	CM15-0022319		
Date Assigned:	02/11/2015	Date of Injury:	04/24/2009
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported injury on 04/24/2009. Other therapies were noted to include medications. On 01/15/2015, the injured worker went in for an appointment. No subjective complaints were provided. On physical examination, he was noted to have no bruising, swelling, atrophy or lesion present at the lumbar spine. There was no bruising, swelling, atrophy or lesion present at the left hip. The treatment plan was to remain off work until 03/01/2015. His current medications were not provided. The request was submitted for urine toxicology; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: 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: The request for urine toxicology is not medically necessary. The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. The clinical documentation submitted for review did not indicate that the injured worker was on any opioids. Additionally, the treating physician did not provide a rationale for the urine drug screening and did not indicate there was suspicion of use of illegal drugs or the injured worker was noncompliant with the full medication regimen. In the absence of this documentation, the request is not supported by the guidelines. As such, the request is not medically necessary.