

Case Number:	CM15-0029622		
Date Assigned:	02/23/2015	Date of Injury:	11/04/2012
Decision Date:	04/23/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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: District of Columbia, Virginia
Certification(s)/Specialty: Internal 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 44-year-old female, with a reported date of injury of 11/04/2012. The diagnoses include L4-5 disc annular tear, disc herniation syndrome with facet syndrome, and lumbar spine discopathy with mechanical instability. Treatments have included a facet rhizotomy, oral medications, left L3-S1 radiofrequency ablation, and an x-ray of the lumbar spine. The progress report dated 08/07/2014 indicates that the injured worker complained of constant low back pain. She rated the pain 5-6 out of 10. The objective findings included tenderness from the thoracolumbar spine down to the base of the pelvis; slight tightness of the bilateral paralumbar musculature; tender buttocks; inability to squat due to pain; some tenderness on stress of the pelvis, which indicated mild sacroiliac joint symptoms. The neurovascular examination revealed some numbness. The treating physician requested a urinalysis, gas chromatography/mass spectrometry (GC/MS), opiates, and creatinine. The rationale for the request was not indicated. On 01/29/2015, Utilization Review (UR) denied the retrospective request for urinalysis, gas chromatography/mass spectrometry (GC/MS), opiates, and creatinine (date of service: 08/15/2014), noting that there was no documentation of provider concerns over the injured worker's use of illicit drugs or non-compliance with prescription medications; and no documentation of medication weaning/discontinuation or addiction counseling. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 8/15/14: Urinalysis, GC-MS (Gas chromatography- Mass Spectrometry), opiates and creatinine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 43.

Decision rationale: Per MTUS: Drug testing, Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioid steps to avoid misuse/addiction. Per review of the clinical documentation provided, this patient had no known issues with drug abuse. Drug testing would not be indicated. Therefore the request is not medically necessary.