

Case Number:	CM15-0210001		
Date Assigned:	10/28/2015	Date of Injury:	12/09/2010
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 65 year old male, who sustained an industrial injury on 12-9-2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc disease, cervical radiculopathy, bilateral wrist tendinitis, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and left sacroiliac joint sprain-strain. On 9-1-2015, the injured worker reported decreased cervical spine pain rated 4 out of 10 and low back pain. The Primary Treating Physician's report dated 9-1-2015, noted the injured worker underwent transfacet cervical epidural steroid injections (ESIs) reporting more than 75% improvement, still taking the same amount of medication. The injured worker's current medications were not included in the progress report. The physical examination was noted to show the injured worker with an antalgic gait to the left with diffuse tenderness over the lumbar paravertebral musculature and moderate facet tenderness over the L4-S1 spinous processes. The Physician noted the injured worker had not decreased his medication as he had continued low back pain. The treatment plan was noted to include a scheduled left L4-L5 and L5-S1 transforaminal epidural steroid injection (ESI), continued present medications, and a urine toxicology screening with last toxicology screen more than four months ago. The request for authorization dated 9-1-2015, requested a retro urine drug screen (UDS) for the date of service 9-1-2015. The Utilization Review (UR) dated 10-16-2015, denied the request for a retro urine drug screen (UDS) for the date of service 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro-Urine Drug Screen, DOS: 9/1/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids for chronic pain.

Decision rationale: The MTUS states that urine drug screening is recommended as an option in assessing for the use or presence of illegal drugs. It also states that prior to the use of opioid pain medication that urine drug screening is an option to screen for the presence of illegal drugs. There is no mention that the above patient is on opioid medication or that the MD is considering the use of such a medication. Therefore, the drug screening is not needed in this patient. The UR decision is upheld and therefore not medically necessary.