MAXIMUS Federal Services

Case Number:	CM15-0032059		
Date Assigned:	02/25/2015	Date of Injury:	04/20/2008
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, California
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 62 year old female, who sustained an industrial injury on 4/20/2008. The current diagnoses are lumbar radiculopathy, status post lumbar fusion L4 through S1 (2011), revision of fusion (2013), and chronic pain. Currently, the injured worker complains of lumbar spine pain that radiates into bilateral legs, more on the left, all the way to her toes. The pain is rated 6/10 on a subjective pain scale. The physical examination of the lumbar spine revealed moderate tenderness over the paraspinal muscles. There was guarding noted. There is moderate facet tenderness at the levels of L4 through S1. Range of motion is restricted. There is decreased sensation at the L4 through S1 dermatomes bilaterally. Treatment to date has included medications, daily exercises and stretches. The treating physician is requesting a retrospective urine toxicology screening test, which is now under review. On 1/27/2015, Utilization Review had non-certified a request for a retrospective urine toxicology screening test. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screening Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant had a urine testing 2 month prior. Based on the above references and clinical history a urine toxicology screen is not medically necessary.