MAXIMUS Federal Services

Case Number:	CM15-0037368		
Date Assigned:	03/05/2015	Date of Injury:	08/14/2013
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York
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 57 year old female, who sustained an industrial injury on 8/14/13. She has reported pain in the lower back and left hand related to a fall down steps. The diagnoses have included lumbosacral neuritis, lumbago and neuralgia. Treatment to date has included a lumbar MRI, physical therapy and pain medications. As of the PR2 dated 2/5/15, the injured worker reports 6/10 pain in the lower back that radiates to the lower legs. She reports increased pain over the last month. The treating physician noted decreased sensation and strength. The treating physician requested an outpatient urine toxicology screen and follow-up visit. On 2/12/15 Utilization Review non-certified a request for an outpatient urine toxicology screen and follow-up visit. On 2/24/15, the injured worker submitted an application for IMR for review of an outpatient urine toxicology screen and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine toxicology screen (last done on 5/16/14) and follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability Guidelines-Pain Chapter.

Decision rationale: Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. ODG states that the frequency of urine drug testing should be based on documentation of risk stratification. Per the documentation, the claimant had a urine drug test performed on 5/16/2014 which was negative for illicit drugs. The claimant would be considered low risk and should undergo screening once per year. There is no specific indication for the requested urine drug screen with a follow-up visit at this time. Medical necessity for the requested services is not established. The requested services are not medically necessary.