MAXIMUS Federal Services

Case Number:	CM15-0050564		
Date Assigned:	03/24/2015	Date of Injury:	05/07/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 51 year old female, who sustained an industrial injury on May 7, 2014. The injured worker had reported a crush injury to the right pinky finger, bilateral lower extremities, bilateral ankles, bilateral heels and bilateral feet. The diagnoses have included bilateral ankle sprain/strain, bilateral Achilles tendinitis, right ankle contusion, bilateral calf strain, bilateral heel spurs, and bilateral planter fasciitis. Treatment to date has included medications, radiological studies, physical therapy, chiropractic care and kinetic activities. Current documentation dated February 18, 2015 notes that the injured worker reported intermittent moderate left ankle pain with associated numbness and tingling. She also reported frequent severe right ankle pain with associated weakness, numbness and tingling and bilateral leg pain and heaviness. Physical examination of the lower extremities revealed normal strength and sensation. Examination of the bilateral ankles revealed a painful and decreased range of motion. There was also tenderness to palpation of the planter heels and Achilles tendons. Examination of the legs revealed tenderness to palpation of the bilateral calf muscles. The treating physician's plan of care included a request for a Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the claimant is not maintained on opiates or any other controlled substances. Medical necessity for the requested item is not established. The requested item is not emdically necessary.