

Case Number:	CM14-0116454		
Date Assigned:	08/04/2014	Date of Injury:	06/04/2004
Decision Date:	09/30/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 46-year-old individual was reportedly injured on 6/4/2004. The mechanism of injury was noted as a fall. The most recent progress note, dated 4/3/2014, indicated that there were ongoing complaints of low back pain that radiated down the right lower extremity. The physical examination demonstrated lumbar spine positive tenderness to palpation along the spinous processes and sciatic notch right more than left. There was also decreased range of motion. Muscle strength was 4/5 of the right lower extremity. Sensory examination showed decreased sensation in the L5-S1 distribution on the right hand side with paresthesias. There was positive straight leg test sitting in supine position. Reflexes were 1+ on the right Achilles. No recent diagnostic studies are available for review. Previous treatment included chiropractic care, medications, and conservative treatment. A request had been made for urine drug screen and was not certified in the pre-authorization process on 7/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro- urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.