

Case Number:	CM14-0180165		
Date Assigned:	11/04/2014	Date of Injury:	07/09/2013
Decision Date:	12/17/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 42 year-old male with date of injury 07/09/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/07/2014, lists subjective complaints as pain in the low back and right buttock. Patient is status post fluoroscopically-guided diagnostic right L4-L5 and right L5-S1 facet joint medial branch block, which provided 80% improvement of the patient's right low back pain lasting for greater than two hours. It was noted that the patient was currently taking Norco. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the bilateral sacroiliac joint sulcus and lumbar paraspinal muscles overlying the right L4-5 and L5-S1 facet joints. Range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were negative. Muscle strength was 5/5 for the bilateral lower limbs. Diagnoses are: 1.Status post positive diagnostic right L4-5 and L5-S1 facet joint medial branch block 2.Right lumbar facet joint pain L4-S1 3.Right lumbar facet joint arthropathy 4.Left sacroiliac pain 5.Left Sacroiliitis 6.Left lumbar facet joint pain 7.Positive diagnostic sacroiliac joint injection 8.Right sacroiliac joint pain 9.Right Sacroiliitis 10.Right lumbar facet joint pain 11.Right lumbar facet joint arthropathy 12.Right lumbar strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for twelve (12) panel urine drug screens: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retrospective request is for twelve (12) panel urine drug screens are not medically necessary.