

Case Number:	CM14-0096068		
Date Assigned:	07/25/2014	Date of Injury:	11/20/2013
Decision Date:	10/02/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family 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:

The injured worker is a 37 year old male who reported an injury to his left foot. The utilization review dated 06/13/14 resulted in a denial for urine drug screen as insufficient information had been submitted confirming the need for additional drug testing. No information has been submitted regarding the injured worker's drug misuse or aberrant behaviors. The urine drug screen completed on 05/16/14 resulted in essentially negative findings for all tests. The clinical note dated 05/16/14 indicates the injured worker reporting a burning sensation and sharp pains after lifting two solar panels weighing approximately 110 pounds. The injured worker reported radiating pain into the lower extremities. The injured worker rated his low back pain at that time at 6-9/10. The injured worker stated that he had difficulty bending forward or backwards. Pain was exacerbated with driving for prolonged periods of time. The injured worker also reported the pain affecting his sleep hygiene. The clinical note dated 05/01/14 indicates the injured worker ambulating with a normal gait. Moderate tenderness was identified at the right and left lumbar musculature. Range of motion deficits are identified throughout the lumbar spine. No strength deficits are revealed. Reflex deficits were identified at the left Achilles. The clinical note dated 02/17/14 indicates the injured worker having undergone 9 physical therapy sessions to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final confirmation of urine drug results: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug test. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 51.

Decision rationale: The request for final confirmation of urine drug results is not medically necessary. The documentation indicates the injured worker complaining of low back and lower extremity pain. Urine drug screen testing is indicated for injured workers who are continuing with use of opioid therapy, have demonstrated aberrant behaviors or there is an identified potential drug misuse. No information was submitted regarding the injured worker's potential drug misuse or aberrant behaviors. No information was submitted regarding the injured worker's ongoing use of opioid therapy. Given these factors, the request is not indicated as medically necessary.