

Case Number:	CM15-0011067		
Date Assigned:	01/28/2015	Date of Injury:	05/02/2008
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 5/2/2008. She reports a slip and fall backwards injuring her lower back, buttocks, tailbone, thigh and calf. Diagnoses include lumbar disc disease with myelopathy, lumbago, lumbar sprain and lumbar stenosis, Treatments to date include lumbar fusion-removal of instrumentation, physical therapy and medication management. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported pain, stiffness and spasm in the lower back. On 1/12/2015, Utilization Review modified the request for 4 visits for urine toxicology screening to 1 visit, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology screen x 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 5/2/2008. The medical records provided indicate the diagnosis of lumbar disc disease with myelopathy, lumbago, lumbar sprain and lumbar stenosis, Treatments to date include lumbar fusion-removal of instrumentation, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Urine Toxicology screen x 4 times a year. The records indicate the injured worker has no history of drug abuse, alcohol abuse or smoking. However, she is being treated for depression. This places her at the moderate risk category. For this group, the Official Disability Guidelines recommends 2-3 tests per year, with confirmatory testing for inappropriate or unexplained results.