

Case Number:	CM15-0015752		
Date Assigned:	02/03/2015	Date of Injury:	04/05/2007
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male who sustained a work related injury April 5, 2007. Past medical history includes migraine headaches and diabetes, and left total knee replacement. While going down steep stairs, he slipped and fell all the way to the floor causing immediate pain in his jaw, right arm and lower back. According to a primary treating physician's progress report dated December 16, 2014, the injured worker presented with significant pain in lumbar disk at L4-L5 and L5-S1 with radiation to his left leg. There is cramping in his calves and his feet bother him while standing. An MRI reveals a bulging disk at L3-L4, L4-L5 and L5-S1 as well as bilateral facet at L3-L4, L4-L5 and L5-S1 (report not present in medical record). Diagnoses are lumbar discogenic disease; lumbar facet disease bilaterally, bilateral calf pain with no underlying medical etiology. Recommendations include epidural steroid injections and medication. Work status is documented as working full duty, with no more than 20 pounds lifting. According to utilization review dated January 20, 2015, the retrospective request for Urine Drug Screen (DOS 01/17/2014) was non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (DOS 1/17/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, page(s) 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse from previous urine drug screen. There is no rationale provided for requesting UDS test. Therefore, Urine Drug Screen (DOS 1/17/14) is not medically necessary.