

Case Number:	CM15-0119022		
Date Assigned:	06/29/2015	Date of Injury:	05/09/2012
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial/work injury on 5/9/12. He reported initial complaints of back pain. The injured worker was diagnosed as having large disc herniation of lumbar spine at L4-5. Treatment to date has included medication, surgery (arthroscopy), physical therapy, and diagnostics. MRI results were reported on 4/23/15 that demonstrated loss of lumbar lordosis, annular fissure tears at L2-L5, 3 mm diffuse disc bulge at L1-L3, the bulging disc contacts the traversing L3 nerve root, diffuse disc bulge with a 3 mm inferiorly migrating right paracentral disc herniation at L3-4, 7 mm left paracentral disc herniation at L4-5 contacting the traversing left L5 nerve root, facet arthropathy at L2-S1. Currently, the injured worker complains of persistent low back pain. Per the primary physician's progress report (PR-2) on 1/15/15, examination reveals tenderness about the low back region with palpation. The requested treatments include outpatient urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient urine toxicology screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case prior urine drug screen ordered in November was inconsistent with medications prescribed. As a result, periodic urine screening is appropriate and medically necessary.