

Case Number:	CM15-0120854		
Date Assigned:	07/01/2015	Date of Injury:	05/18/2000
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 63-year-old male, who sustained an industrial injury on 5/18/2000. The mechanism of injury is unknown. The injured worker was diagnosed as having thoracic spondylosis, lumbago, thoracic, lumbar disc displacement, and thoracic/lumbosacral neuritis/radiculitis. There is no record of a recent diagnostic study. Treatment to date has included lumbar micro decompression, lumbar left partial laminectomy revision, and therapy and medication management. In a progress note dated 5/1/2015, the injured worker reported low back pain and lower extremity radicular pain. In a progress note dated 11/6/2014, the injured worker complains of low back pain and the urine drug screen was consistent with prescribed medications. The treating physician is requesting retrospective quantitative drug screen (date of service 11/6/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: quantitative drug screen (LC/MS/MS) (DOS: 11/06/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids- drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for Retro: quantitative drug screen (LC/MS/MS) (DOS: 11/06/14) is not medically necessary and appropriate.