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| Case Number: | CM15-0128389 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 01/26/2015 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 47 year-old male with an industrial injury dated 01/26/2015. The injured worker's diagnoses include right lumbar radiculitis at right L4-5 secondary to facet osteoarthritis. Treatment consisted of X-ray of lumbar spine, Magnetic Resonance Imaging (MRI) of lumbar spine, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06/01/2015, the injured worker reported low back pain with pain radiation down the right leg to the ankle. The injured worker also reported frequent, intermittent chest pain, headaches and anxiety. Objective findings revealed positive straight leg raises in the right calf. The treating physician prescribed services for retrospective urine toxicology screen (DOS 06/01/2015) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine Toxicology Screen (DOS 06/01/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective urine toxicology screen (DOS: June 1, 2015) is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy workers, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is in the low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are right lumbar spine radiculitis; right L4 L5 stenosis on MRI second of the facet osteoarthritis. Date of injury is January 26, 2015. The request for authorization is dated June 23, 2015. A first report from a provider is dated June 1, 2015. Subjectively, the injured worker has ongoing low back pain that radiates to the right leg. Objectively, there is straight leg raising positive on the right. There are no other physical findings documented in the medical record. There is no documentation of prior urine drug toxicology screens and medical record. The injured worker is not currently taking opiates or other controlled substances. The treatment plan contains an entry for Voltaren ER. There is no clinical indication or rationale for urine drug toxicology screen. Consequently, absent clinical documentation with a clinical discussion, indication and/or rationale for a urine drug screen, retrospective urine toxicology screen (DOS: June 1, 2015) is not medically necessary.