

Case Number:	CM15-0172333		
Date Assigned:	09/22/2015	Date of Injury:	11/03/1993
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 67 year old female who sustained an industrial injury on 11-03-93. A review of the medical records reveals the injured worker is undergoing treatment for lumbago, low back pain, sciatica, and lumbar post laminectomy syndrome. Medical records (07-22-15) reveal the injured worker complains of pain rated at 3/10 with medications and 5/10 without medications. The injured worker reports she is able to garden, drive, ambulate without assistive devices, and perform some house or yard work. The physical exam (07-22-15) reveals tenderness in the lumbar spine, facet joints, with noted decreased flexion, extension, lateral bending and rotation. Treatment has included back surgery and medications. The original utilization review (08-24-15) non-certified the retroactive request for a urine drug screen on 07-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro in-house UDS DOS: 7/22/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 67 year old female has complained of low back pain since date of injury 11/3/1993. She has been treated with surgery, physical therapy and medications. The current request is for retro in-house UDS DOS: 7/22/15. No treating physician reports adequately address the specific indications for urinalysis drug screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine drug screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, retro in-house UDS DOS: 7/22/15 is not indicated as medically necessary.