

Case Number:	CM15-0179626		
Date Assigned:	09/21/2015	Date of Injury:	08/08/2014
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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 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 41 year old male who sustained an industrial injury on 8-8-14. The injured worker reported pain in the back and leg. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disk protrusion at L4-5 and L5-S1 and right paracentral disk herniation at L5-S1 with right radicular symptoms and facet syndrome. Medical records dated 8-7-15 indicate pain rated at 3 out of 10. Provider documentation dated 8-7-15 noted the work status as "This patient is not working. He was laid off." Treatment has included at least 12 sessions of physical therapy, chiropractic treatments, acupuncture treatment, magnetic resonance imaging, massage treatments, home exercise program, Ultracet since at least May of 2015, Flexeril since at least May of 2015 and Celebrex since at least May of 2015. Objective findings dated 8-7-15 were notable for lumbar spine tenderness with decreased range of motion. Provider documentation dated 8-7-15 noted "right hip range of motion has improved." The original utilization review (8-26-15) partially approved a request for retrospective toxicology-urine drug screen (date of service 8-7-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Toxicology-Urine drug screen (DOS 8/7/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient was prescribed Tramadol for pain control and urine drug testing is indicated. Medical necessity for the requested item is established. The requested item is medically necessary.