

Case Number:	CM15-0069669		
Date Assigned:	04/17/2015	Date of Injury:	11/19/1988
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male injured worker suffered an industrial injury on 11/19/1988. The diagnoses included lumbosacral intervertebral disc degeneration, post laminectomy syndrome and lumbago. The injured worker had been treated with E-Stim unit and home exercise program. On 3/13/2015, the treating provider reported he had good relief from the E-Stim unit, however, it is broken and he was picked to have a drug screen. The injured worker still has intermittent low back pain. The treatment plan included urine drug screen and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, page(s) 77-78; 94 Page(s): 77-78;84.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. “(j) Consider the use of a urine drug screen to assess for the use or the

presence of illegal drugs.” In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation that the patient is on opioids. There is no rationale provided for requesting UDS test. Therefore, 1 urine drug screen is not medically necessary.