

Case Number:	CM15-0071323		
Date Assigned:	04/21/2015	Date of Injury:	05/14/1993
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 05/14/1993. The initial complaints or symptoms included low back pain while lifting a heavy roll of fabric which was followed by radicular symptoms in the lower extremities. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, psychological evaluation/therapy, x-rays, MRIs, lumbar surgery (09/1996), and conservative therapies. Per the latest exam findings (dated 09/12/2013) the injured worker complained of gastrointestinal complications with episodes of diarrhea and constipation and generalized pain. The diagnoses include cervical and lumbar radiculitis, lumbar spine injury, fibromyalgia, acid peptic ulcer disease with mild reflux, irritable bowel syndrome, chronic headaches, sleep disorder, chronic fatigue, anxiety, depression, and long term history of narcotic pain medication use. Per the IMR and utilization review letter (as the request for authorization and current exam was not submitted), the requested service was for an outpatient urinalysis for submitted diagnosis cervical and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis, as an outpatient for submitted diagnosis Cervical/Lumbar Radiculopathy:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urinalysis, as an outpatient for submitted diagnosis Cervical/Lumbar Radiculopathy is not medically necessary and appropriate.