

Case Number:	CM15-0073869		
Date Assigned:	04/23/2015	Date of Injury:	03/01/2012
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64-year-old female who sustained a work related injury March 1, 2012. According to the most recent visit for pain management re-evaluation, dated October 15, 2014, the injured worker presented with complaints of severe pain, which does not allow her to stand for extended periods of time. This pain has reoccurred after five to six months. She stands slightly flexed over listed to the left with significant tenderness and paravertebral muscle spasm more on the right than the left. Diagnoses are recurrent facet mediated pain, L4-5 and L5-S1 level on the right; lumbar sprain/strain with 2mm disc bulge, L5-S1; axial low back pain. Treatment plan included request for repeat ablation L4-5 and L5-S1 (performed April 7, 2014). At issue, is the request for a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2012. The worker has had various treatment modalities and medications. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine toxicology screen is not substantiated in the records.