

Case Number:	CM15-0098392		
Date Assigned:	05/29/2015	Date of Injury:	03/11/2005
Decision Date:	07/08/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/21/2015

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: Pennsylvania, Ohio, 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 46-year-old male, who sustained an industrial injury on 3/11/2005. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc degeneration, lumbar disc displacement without myelopathy and lumbar post-laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, intrathecal pump, physical therapy and medication management. In a progress note dated 4/22/2015, the injured worker complains of ongoing chronic low back pain with bilateral lower extremity symptoms. The treating physician is requesting four serum drug screens in a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) serum drug screens during one (1) year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends urine drug testing to screen for aberrant behavior. The records in this case do not document a high risk of aberrant behavior. Thus, a rationale for multiple drug screens requested in advance is not apparent and not supported by the treatment guidelines. This request is not medically necessary.