

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

December 24, 2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/5/2013  
Date of Injury: 11/26/2012  
IMR Application Received: 8/16/2013  
MAXIMUS Case Number: CM13-0012255

Dear [REDACTED]:

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. This means we decided that all of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 32 year old man who sustained an injury on 11/26/2012. The mechanism of injury was when he fell from a stepladder and struck his chest, back, and neck. His current diagnoses are lumbar strain, lumbar disc disease, lumbar radiculitis, and lumbar facet syndrome. Treatment has included medical therapy, chiropractic care, and epidural injection therapy. The treating provider requested a urine drug screen after a visit on 06/07/2013.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Outpatient urine drug screen retroactively is medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, urine drug screen, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Drug testing, page 43, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient's provider requested a urine drug screen on 06/07/2013. According to the records reviewed, the patient is maintained on a medical regimen which includes nonsteroidal anti-inflammatory medications, muscle relaxants, and Tramadol. Per Chronic Pain Management Treatment Guidelines, screening is recommended in chronic pain patients to differentiate dependence and addiction with opioids as well as compliance and potential misuse of other medications. The urine sample obtained in this case was negative for amphetamines, barbiturates, benzodiazepines, methadone, narcotics, opiates, oxycodone, propoxyphene, sedative/hypnotic agents as well as illicit substances or the use of unauthorized medications. The

test was used to incorporate the results in the patient's treatment plan and continue his present medication regimen. The retroactive drug screen was medically necessary. **The request for outpatient urine drug screen retroactively is medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0012255