

Case Number:	CM14-0143333		
Date Assigned:	09/12/2014	Date of Injury:	09/29/1994
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year old female who sustained an injury to her low back on 09/29/94 when an autistic child was walking with her down the road, he began to fall into the road and she wrapped him up and fell with him to protect him. The injured worker experienced an immediate onset of neck and low back pain. The injured worker ultimately underwent a back surgery in 1999. MRI of the lumbar spine dated 08/08/14 revealed extensive prior surgery at L3-4, L4-5, and L5-S1; slight anterior displacement of L3 on L4 due to facet degenerative changes; minimal to marked disc protrusion throughout the lumbar spine which leads to along with the facet degenerative changes and ligamentum flavum prominence, mild spinal stenosis at L1-2, moderate at L2-3, mild to moderate at L3-4, minimal at L4-5, and mild at L5-S1; neuroforaminal encroachment is mild bilaterally at L1-2 and L2-3, mild to moderate left marked right at L3-4, marked bilateral at L4-5, marked left moderate right at L5-S1 compressing the nerve roots at each level where it is markedly narrowed; degenerative changes in the facet joints. The clinical note dated 07/09/14 reported that the injured worker continued to complain of low back pain. Physical examination noted flexion 70 degrees, extension 0 degrees, bilateral a rotation 15 degree that is very stiff; mild spasm of latissimus dorsi bilaterally; straight leg raise negative; antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Urine Drug Screen (DOS 7/09/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug testing (UDT)

Decision rationale: The previous request was denied on the basis that such testing is supported for periodic monitoring of higher dose controlled medications. In the absence of aberrant or high risk behavior, such testing is supported every 6-12 months. In this case, there is no evidence of aberrant behavior and a urine drug test was performed within the last 30 days. Repeat testing at this time is not supported and does not appear medically necessary. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for a retro urine drug screen (DOS 07/09/14) is not medically necessary.