

Case Number:	CM14-0147703		
Date Assigned:	09/15/2014	Date of Injury:	07/08/2009
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical 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 38 year-old male who was reportedly injured on 7/8/2009. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 8/6/2014, indicates that there were ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: mild scoliosis and limited range of motion. Able to walk on heels and toes, non-antalgic gait. Further document findings display reflexes 2+, positive straight leg raise at 80 bilaterally with pulling sensation in the low back. Straight leg raise in the supine position is positive on the right 15 and left at 10 for pulling sensation in low back. X-rays the lumbar spine were taken on this date service and reveals moderate narrowing at the L5-S1 disk space, L4-L5 to space with mild spring. Previous treatment includes medications and conservative treatment. A request was made for urine toxicology screen and was not certified in the pre-authorization process on 8/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug Screen to include qualitative; opiates and meprobamate: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 OF 127.

Decision rationale: The documentation provided does not indicate that the injured worker is currently utilizing any controlled substances or that the clinician intends to provide the injured worker with controlled substances. As such, the request is considered not medically necessary.