
Notice of Independent Medical Review Determination

Dated: 8/20/2013

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Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/3/2013
Date of Injury: 6/11/2011
IMR Application Received: 7/9/2013
MAXIMUS Case Number: CM13-0001090

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for urine drug screen, date of service 1-22-13 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/9/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the retrospective request for urine drug screen, date of service 1-22-13 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013:

“This is an injured worker with dated of injury 6/11/2011. The patient was evaluated on October 9, 2012. The patient was using Motrin, Ambien and Robaxin for analgesia. The patient was using a stim unit once or twice per week for analgesia. The patient reported next pain present all the time. The pain traveled down the shoulders occasionally. The patient denied tingling or numbness. Objective findings including lack of 2-3 finger breaths from touching chin to chest. The medications were refilled. The patient was recommended to continue cervical traction. Patient was encouraged to continue with exercise program.”

Documents Reviewed for Determination:

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

- Application for Independent Medical Review (received 7/9/13)
- Utilization Review Determination (dated 7/3/13)
- 9792.20 Medical Treatment Utilization Schedule-Definitions (f) “Functional improvement”
- Medical Records requested were not timely submitted for this review

- 1) **Regarding the retrospective request for urine drug screen, date of service 1-22-13 :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), Urine Toxicology section, a Medical Treatment Guideline (MTG) not part of the Medical Treatment Utilization Schedule. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 94-95 of the MTUS, was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work related injury on 6/11/11. Medical records requested were not timely submitted for this review. According to the Utilization Review dated 7/3/13 the employee was experiencing neck pain with occasional pain in the shoulders. Treatment included analgesics and use of a stimulation unit once or twice per week. A previous drug screen was conducted on 11/8/12. The request was submitted for a retrospective urine drug screen, date of service 1/22/13.

The MTUS Chronic Pain guidelines recommend frequent random urine toxicology screens to avoid opioid abuse. The Utilization Review notes the previous urine drug screen was performed on 11/8/12 and the next urine drug is scheduled for 6/25/13. The frequency and random scheduling of urine drug screening in this case is consistent with MTUS recommendations. The retrospective request for urine drug screen, date of service 1/22/13 **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/lkh

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.