

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

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



---

**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/10/2013  
Date of Injury: 5/27/2009  
IMR Application Received: 7/25/2013  
MAXIMUS Case Number: CM13-0003440

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: UPHOLD. This means we decided that none 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, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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:

This is a 46-year-old female with a reported date of injury of 05/27/2009. It was noted the patient developed low back pain as a result of working on a pothole truck. The patient was also noted to have injuries to the right side of her head, right shoulder, right hip, and right leg. Previous treatment has included physical therapy, chiropractic care, pain medications, epidural steroid injection as well as psychiatric medications. On 06/27/2013, the patient was seen and evaluated by Dr. [REDACTED]. An evaluation by Dr. [REDACTED] was referenced which indicated the patient needed to continue with psychiatric intervention and treatment. Mental status examination on that date indicated the patient remained anxious and had some perseveration of her speech and remained dysphoric. The patient denied any thoughts about hurting herself or others or perceptual disturbances. The patient also denied any side effects from the medication regimen. It was recommended at that time in order to control the patient's anxiety; the patient's Zoloft would need to be increased by alternating between 25 mg tablets and 50 mg tablets every other day until she would be able to tolerate 50 mg at bedtime. The patient was to continue Ativan 1 mg at bedtime.

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

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

### **1. Urinalysis drug screen is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Clinical information submitted for review indicated the employee was currently taking Zoloft and Ativan and was not experiencing any side effects from the medication. However, the clinical information submitted for review did not indicate when the previous urine drug screen had been performed and the results thereof and did not include suspicion for the use of illegal drugs to meet guideline criteria for the requested urinalysis drug screen. The requesting physician did not submit a rationale for performing the requested urinalysis drug screen. **The request for Urinalysis drug screen is not medically necessary and appropriate.**

/sm

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]  
[REDACTED]  
[REDACTED]