

Case Number:	CM13-0021418		
Date Assigned:	10/11/2013	Date of Injury:	11/22/2011
Decision Date:	02/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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. 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:

This is a 52 year-old female with an 11/22/2001 industrial injury claim. The IMR application shows a dispute with the 8/27/13 UR decision, which was for denial of drug test performed on 7/15/13. The IMR application shows the medical provider as [REDACTED], but unfortunately, there are no medical reports from [REDACTED] available for this IMR. Only the first page of the 8/27/13 UR denial was provided and the rationale is cut off. I have the QME reports from [REDACTED] from 5/21/12, 4/8/13 and 5/20/13. The patient's condition involves the low back, right knee and right ankle. The 4/8/13 report notes she takes pain medication for pain, but did not specify what the medication was.

IMR ISSUES, DECISIONS AND RATIONALES

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

One series of drug screening retrospective DOS: 7/15/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: There are no records from the requesting physician available for this review. There are no prior UDT results provided for review. It is not known if the patient is low, medium

or high risk for aberrant drug behavior. On reviewing the QME reports, the QME's medical record review shows UDT ordered by [REDACTED] on 4/20/12, 5/21/12, 6/26/12 and 10/31/12 and noted the first test was completely normal. However the request before me is for a UDT performed on 7/15/13. This might be the only UDT for 2013. I am unable to determine that as there are no records from the requesting physician available to review. On the other hand, I do not have records to show that the UDTs performed in 2013 were excessive as between 4/20/2012-10/31/12. Based solely on the limited information available, the UDT on 7/15/13 would be in accordance with MTUS guidelines.