

Case Number:	CM13-0043834		
Date Assigned:	12/27/2013	Date of Injury:	07/22/2004
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/25/2013

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 Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 patient is a 53-year-old female who reported an injury on 09/16/2011 after he lifted a television onto a trailer, which reportedly caused a sudden onset in low back pain. The patient's treatment history included anti-inflammatory drugs, physical therapy, acupuncture, lumbar epidural steroid injections, and lumbar facet joint injections. The patient's most recent clinical evaluation documented that the patient had tenderness to palpation over the bilateral lumbar musculature and lumbar facet joints. The patient had positive straight leg raising test at 40 degrees bilaterally with decreased sensation in the L4-S1 dermatomes. The patient's diagnoses included lumbago, lumbar radiculitis, and spondylosis. The patient's treatment plan included continuation of medications and a third set of bilateral facet joint injections. A request was made for a blood test and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

BLOOD TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, HYPERTENSION AND RENAL FUNCTION Page(s): 69..

Decision rationale: The requested BLOOD TEST is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends lab testing for patients who are on long term non-steroidal anti-inflammatory drug therapy. The clinical documentation submitted for review does not provide any evidence that the patient has been on long term non-steroidal anti-inflammatory drug therapy. Additionally, the request as it is written does not specifically identify what the blood test is for. Therefore, the appropriateness of the request cannot be

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested URINE DRUG SCREEN is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends patients who exhibit aberrant or drug-seeking behavior be drug tested. The clinical documentation submitted for review does indicate that the patient is taking an opioid. However, there is no documentation of drug-seeking or aberrant behavior. There is no indication of when the patient's last urine drug screen took place. Therefore, the appropriateness of an additional urine drug screen cannot be determined. Also, California Medical Treatment Utilization Schedule recommends urine drug screening for patients who exhibit symptoms of illicit drug use. The clinical documentation submitted for review does not support that the patient is suspect of illicit drug use. Therefore, the need for a urine drug screen is not supported. As such, the requested URINE DRUG SCREEN is not medically necessary or appropriate.