MAXIMUS Federal Services

Case Number:	CM13-0064465		
Date Assigned:	01/03/2014	Date of Injury:	11/28/2012
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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, and is licensed to practice in Texas and Oklahoma. 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 23-year-old male who reported an injury on 11/27/2012. The mechanism of injury involved heavy lifting. Current diagnoses include a cervical spine musculoligamentous injury and a lumbar spine herniated nucleus pulposus. The injured worker was evaluated on 06/10/2013. The injured worker reported persistent pain. Physical examination revealed tenderness to palpation of the cervical and lumbar spine with palpable muscle spasms and decreased range of motion. The injured worker also demonstrated a positive straight leg raise and intact sensation. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: CHROMATOGRAPHY (DRUG TEST) PROVIDED ON 7/2/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 1/20/12, Urine Drug Test

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The date of injury is greater than 1 year ago, and there was no indication of noncompliance or misuse of medication. There was no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for an ongoing repeat screening has not been established. As such, the request is non-certified.

RETRO: CHROMATOGRAPHY (DRUG TEST) PROVIDED ON 9/10/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 1/20/12, Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The date of injury is greater than 1 year ago, and there was no indication of noncompliance or misuse of medication. There was no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for an ongoing repeat screening has not been established. As such, the request is non-certified.

RETRO: CHROMATOGRAPHY (DRUG TEST) PROVIDED ON 10/11/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 1/20/12, Urine Drug Test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state that the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. The date of injury is greater than 1 year ago, and there was no indication of noncompliance or misuse

of medication. There was no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for an ongoing repeat screening has not been established. As such, the request is non-certified.