

Case Number:	CM14-0106151		
Date Assigned:	07/30/2014	Date of Injury:	09/22/2007
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 & 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 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 56-year-old female who reported an injury on 09/22/2007. The mechanism of injury was not provided for review. The injured worker ultimately underwent posterior cervical fusion at C6-7, C5-6, and C4-5. The injured worker's treatment history also included multiple injections, physical therapy, psychiatric support, and extensive medications. The injured worker was evaluated on 05/06/2014. Physical findings included decreased range of motion of the cervical spine secondary to pain with no motor strength or sensory deficits. The injured worker's diagnoses included status post revision of anterior cervical discectomy and fusion from C4-7, status post multilevel lumbar laminectomy and discectomy, status post left shoulder arthroscopic surgery, and lumbar spondylosis at L4-5 and L5-S1. The injured worker's treatment plan included posterior cervical fusion or revision at C6-7, continued care by a psychiatrist, and an epidural steroid injection. A request was made for toxicology x4 quantitative labs; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology X 4 quantitative lab:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines
(ODG) - Treatment in Workers' Compensation (TWC).

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

Decision rationale: California Medical Treatment Utilization Schedule recommends drug testing for injured workers who are on chronic opioid therapy. The clinical documentation does indicate that the injured worker is on chronic opioid therapy. However, the request is for quantitative lab testing. Official Disability Guidelines do not support the use of quantitative lab testing to verify compliance to a medication schedule. Therefore, the need for quantitative testing is not clearly established. As such, the requested toxicology x4 quantitative labs is not medically necessary or appropriate.