

Case Number:	CM14-0018070		
Date Assigned:	04/16/2014	Date of Injury:	03/01/2012
Decision Date:	05/13/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine, Pulmonary Diseases, 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 55-year-old male who reported an injury on 03/01/2012. The mechanism of injury was not provided. The current diagnoses include other unspecified back disorder, lumbago, thoracic or lumbosacral neuritis or radiculitis, and derangement of meniscus. The injured worker was evaluated on 12/27/2013. The injured worker reported 6/10 pain. The injured worker reported improvement with acupuncture and the current medication regimen. Physical examination revealed limited thoracic and lumbar range of motion, tenderness to palpation, positive straight leg raising, positive McMurray's testing, and positive Apley's testing. The treatment recommendations included continuation of current medications. A request for authorization was then submitted on 01/08/2014 for a quantitative chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHROMATOGRAPHY, QUANTITATIVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 &78.

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 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 (ODG) state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted for review, there is no indication of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity for ongoing repeat testing had not been established. As such, the request is non-certified.