MAXIMUS Federal Services

Case Number:	CM14-0018530		
Date Assigned:	04/18/2014	Date of Injury:	09/16/2011
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 48-year-old female who reported an injury on 09/16/2011. The mechanism of injury was the injured worker was emptying pet waste out of a cylinder which weighed approximately 50 pounds and the injured worker dragged it back to the dumpster which is approximately 400 feet, and the injured worker felt immediate pain in the low back, right leg, right hip, and right groin. The documentation of 11/12/2013 revealed the injured worker had decreased range of motion and had complaints of constant low back pain radiating into the right lower extremity. The medications that day were noted to be oxycodone 20 mg, Flurbiprofen, Xanax 1.0 mg #120, gabacyclotram 180 g, Genicin 90 capsules, and Somnicin #30. The treatment plan included authorization for an orthopedic and psychological evaluation, undergo a noncontrast MRI scan of the right groin, and a psychological evaluation. The documentation of 01/08/2014 revealed the injured worker complained of constant low back pain. The injured worker had painful passive range of motion of the right hip and swelling and tenderness in the right hip. The treatment plan included a qualitative urine drug screen to follow and determine consistent medication management for the prescription therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DRUG SCREEN X 2; DATES OF SERVICE 01-13-14 AND 01-15-14.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ONGOING MANAGEMENT, 78

Decision rationale: The California MTUS Guidelines indicate that a urine drug screen is appropriate for injured workers with documented issues of abuse, addition, or poor pain control. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of exceptional factors. Given the above, the request for a drug screen times 2, dates of service 01/13/2014 and 01/15/2014 is not medically necessary.

FOLLOW UP VISITS; DATES OF SERVICE 12-04-13: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon the reviews of the patient concerns, signs, symptoms, clinicals, clinical stability, reasonable physician judgment, and may be determined to be necessary due to medications such as opiates which require close monitoring. The injured worker was taking opiates. However, the clinical documentation submitted for review failed to provide documentation of the note just preceding the office visit of 12/04/2014. As such, there could be no determination to support the necessity for a followup visit. The request as submitted indicated the request was for more than one follow up visit and it failed to indicate which physician was to be followed up with. Given the above, the request for followup visits; dates of service 12/04/2013, is not medically necessary.