

Case Number:	CM14-0047716		
Date Assigned:	06/25/2014	Date of Injury:	06/21/2010
Decision Date:	09/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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, 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 patient is a 44-year-old female who has submitted a claim for cervical sprain/strain, and lumbar sprain/strain; associated with an industrial injury date of 06/21/2010. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck and low back pain. Physical examination showed tenderness in the neck and low back. Range of motion of the cervical spine and lumbar spine were decreased. DTRs were normal. Motor testing was normal. Sensation was intact. Treatment to date has included medications, acupuncture, chiropractic therapy, and physical therapy. Utilization review, dated 02/25/2014, denied the request for quantitative chromatography because there was no provided rationale for ordering the lab test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography quantitative (drug screen): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - CHAPTER: PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) was used instead.

Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the patient complained of _ despite medications and physical therapy. Urine drug tests have been performed on 08/22/2013, 09/19/2013, 09/26/2013, 10/09/2013, 10/31/2013, and 11/26/2013, which were negative for all the drugs tested. However, there was no evidence of the patient having a high risk for aberrant drug use behavior that may warrant drug testing. Moreover, the rationale for the requested procedure was not provided. Furthermore, the present request as submitted failed to specify the drug substances to be tested. The medical necessity was not established due to lack of information. Therefore, the request for CHROMATOGRAPHY QUANTITATIVE (DRUG SCREEN) is not medically necessary.