

Case Number:	CM14-0048563		
Date Assigned:	07/07/2014	Date of Injury:	11/23/2011
Decision Date:	08/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and earlier lumbar spine surgery on January 29, 2014. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for urinalysis/urine drug testing and also denied a request of plethysmography. The applicant's attorney subsequently appealed. The applicant underwent an L4-L5 and L5-S1 lumbar discectomy and facetectomy on January 29, 2014. In a handwritten note dated January 22, 2014, the applicant was placed off of work, on total temporary disability, through March 8, 2014. Urine drug testing was apparently performed in a clinical setting. The applicant was given a prescription for Prilosec and Norco. Drug testing was apparently performed on January 5, 2014. The applicant was described as severely obese on January 5, 2014, weighing 300 pounds with a resultant BMI of 41. Laboratory testing was sought, including a chest x-ray, spirometry, and plethysmography. The applicant underwent drug testing on January 22, 2014, which included confirmatory testing and quantitative testing for various opioid and benzodiazepine metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urinalysis drug testing (DOS 1/15/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, an attending provider should clearly state what drug tests and/or drug panels are being sought, attach an applicant's complete medication list to the request for authorization for testing, and state when the last time the applicant was tested. In this case, however, it was not clearly stated when the applicant was last tested. It was not stated why confirmatory drug testing and/or quantitative drug testing were performed, when ODG states that these must be justified by some documentation and are typically endorsed only in the emergency department drug overdose context. Since several ODG criteria for pursuit of drug testing have not been met, the request was not medically necessary.

Retrospective request for 1 Plethysmography, total body (DOS 1/15/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Guidelines for the Performance of Physiologic Evaluation of Upper Extremity Arteries, 2012.

Decision rationale: The MTUS does not address the topic. While the American College of Radiology (ACR) notes that indications for pursuit of plethysmography include evidence of exercise-induced limb pain, assessment of digital or extremity gangrene, evaluation of wound healing potential, and/or assessment for the presence or absence of peripheral vascular disease, in this case, however, it was not clearly stated for what purpose the plethysmography in question was being sought. It appears that the requesting provider sought authorization for plethysmography on January 5, 2014 as part and parcel of a preoperative evaluation. No rationale for selection of the plethysmography portion of the request was proffered. Therefore, the request is not medically necessary.