

Case Number:	CM14-0063192		
Date Assigned:	07/11/2014	Date of Injury:	08/28/2009
Decision Date:	09/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/06/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic knee, left ankle, and low back pain reportedly associated with an industrial injury of August 28, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 21, 2014, the claims administrator denied a request for a urine toxicology test as well as noninvasive DNA testing. The injured worker's attorney subsequently appealed. In a handwritten progress note dated May 27, 2014, the injured worker presented with persistent complaints of knee pain. X-rays of the knee and an orthopedic referral were sought. The injured worker's work status was not furnished. In an earlier note dated May 21, 2014, the injured worker was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain, knee pain, foot pain, and depression. Twelve sessions of manipulative therapy, a urine toxicology test, a functional capacity evaluation, and topical compounds were endorsed while the injured worker was placed off of work, on total temporary disability. On June 9, 2014, the injured worker was again placed off of work, on total temporary disability, while urine drug screen was sought. The injured worker's medication list was not furnished. 7/10 multifocal low back and knee pain were reported. The DNA testing and the urine toxicology testing at issue were apparently sought via an April 9, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Noninvasive DNA Test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain topic. Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, DNA testing for pain is "not recommended" as there is no current evidence which would support the usage of DNA testing in the diagnosis of pain, including the chronic pain reportedly present here. No compelling injured worker-specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable MTUS position on the same. The attending provider's progress notes, it is further noted, were sparse, handwritten, difficult to follow, and did not make a compelling case for the test in question. Therefore, the request is not medically necessary

Urine Toxicology Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic.2. ODG Chronic Pain Chapter, Urine Drug Testing topic Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, attach an injured worker's complete medication list to the request for authorization for testing, and state when an injured worker was last tested. In this case, however, the attending provider did not state when the injured worker was last tested. The attending provider did not state why he was seemingly performing drug testing on each and every office visit, referenced above. The attending provider did not state what drug tests and/or drug panels he was testing for. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not medically necessary.