

Case Number:	CM14-0075393		
Date Assigned:	07/16/2014	Date of Injury:	06/30/2008
Decision Date:	09/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 Nevada. 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 records presented for review indicate that this 60 year old male was reportedly injured on June 30, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated asymmetric and limited lumbar sacral range of motion. Diagnostic imaging studies were not available. Previous treatment includes a cervical spine facet block and occipital block as well as prior Botox injections. There is also a history of prior hip surgery. A request had been made for a lab test for liver function and toxicology screening and was not certified in the pre-authorization process on April 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation Official Disabilities guideline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse,

addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.

Lab test for liver function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: This request for lab testing for liver function is assumed to be for medication usage. However a review of the attached medical records does not indicate what current medications the injured employee is stated to be taking. Considering this this request for a lab test for liver function is not medically necessary.