

Case Number:	CM14-0093547		
Date Assigned:	07/25/2014	Date of Injury:	12/30/2013
Decision Date:	09/11/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 neck, mid back, and low back pain reportedly associated with an industrial injury of December 30, 2013. 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; localized intense neurostimulation therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for a toxicology exam. The claims administrator interpreted the request for a 'toxicology exam' as drug testing. The applicant's attorney subsequently appealed. In a January 15, 2014 progress note, difficult to follow, not entirely legible, the applicant apparently transferred care to a new primary treating provider. The applicant presented with multifocal complaints of wrist, knee, and mid back pain with derivative complaints of anxiety and depression. MRI imaging of the cervical spine, psychological testing, acupuncture, physical therapy, and topical compounds were endorsed, along with nerve conduction testing and multimodality transcutaneous electrotherapy unit. In a narrative report dated January 15, 2014, the applicant presented reporting multifocal neck, arm, upper back, and bilateral knee pain secondary to cumulative trauma at work. The applicant also stated that she was alleging psychological stress secondary to verbal harassment. Topical compounds were endorsed, along with MRI imaging, functional capacity testing, and psychological assessment. Multimodality transcutaneous electrotherapy device and DNA testing were also endorsed, along with toxicology testing. Based on the attending provider's description of events, this appeared to represent a request for drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Exam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic, Urine 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 population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an applicant was tested, attempt to conform to the best practices of the United States Department of Transportation (DOT) while performing drug testing, and attach the applicant's complete medication list to the request for authorization. In this case, however, none of the aforementioned criteria were met. The attending provider did not state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels he intended to test for, nor did the attending provider attach the applicant's complete medication list to the request for authorization. Therefore, the request is not medically necessary.