

Case Number:	CM14-0199974		
Date Assigned:	12/10/2014	Date of Injury:	03/11/2013
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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 50 year old female with a date of injury 3/11/2013. The patient's injury is attributed to wearing a heavy work belt over a long period of time, causing right sided hip, buttock, and groin pain. The diagnoses are right hip strain and lumbar spine degenerative joint disease. The injury worker received physical therapy and was prescribed ibuprofen for pain. A nerve conduction study and electromyography on 07/26/2013 were normal. The injured worker continues to have right hip and low back pain with numbness. On 05/06/2013 an MRI of the lumbar spine was normal. An MRI of the R hip on that same day showed a right superior labral tear. On 3/26/2014 the injury worker underwent right hip arthroscopy with labral repair and osteoplasty of the femoral neck. On 11/11/2014 a Utilization Review did not approve for coverage the dates of service 8/1/2013 through 8/8/2013 for one (1) Quantitative LC/MS/MS analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) DOS 08/01/13 and 08/08/13 1 Quantitative LC/MS/MS analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screen. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

Decision rationale: This patient receives treatment for chronic hip pain; however, for the dates of service 08/01/13 through 08/08/13 there is no documentation that the patient was prescribed opioids, nor is there any documented basis that the patient was suspected of Opiate drug addiction or drug misuse. Therefore, under the treatment guidelines, a urine drug screen was not medically indicated. The request for Quantitative LC/MS/MS analysis is not medically necessary.