

Case Number:	CM14-0201315		
Date Assigned:	12/11/2014	Date of Injury:	04/07/2009
Decision Date:	01/28/2015	UR Denial Date:	10/27/2014
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 Emergency 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 patient is a 56 year old male who sustained a work related injury on April 7, 2009 to his neck and lower back when he was hit in the head by a heavy branch. According to the May 8, 2014 physician's report the injured worker showed mild wedge compression fracture in his lumbar spine L1 and disc protrusion in his neck. The magnetic resonance imaging performed on September 25, 2014 documents this wedge compression deformity at L1 along with a broad based disc herniation causing stenosis of the spinal canal at L3-4, L4-5 and L5-S1. Disc material and facet hypertrophy causes stenosis of the bilateral neural foramen with contact on the right L4 exiting nerve root. There was no surgical intervention documented. No other treatment modalities were documented. The injured worker continues to experience neck, mid-back and low back pain. Further documentation on this date notes no evidence of radiculopathy, no evidence of atrophy, cervical and thoracic flexion and rotational movements within normal limits. Motor and sensory was intact. The injured worker had normal gait with diminished flexion of the lower back by 50%, extension 20 degrees and side to side bending is 35 degrees. The injured worker is currently on Lortab and has tested negative for Hydrocodone and positive for ethyl alcohol according to the screening report and the physician's documentation on July 1, 2014. The injured worker has not worked since the injury. The treating physician has requested retrospective urine test to include chromatography, opiate, urinalysis, creatinine, and urine drug conformation. On October 27, 2014 the Utilization Review denied authorization for the retrospective urine testing for chromatography, opiate, urinalysis, creatinine, and urine drug conformation. Citation used in the decision process was the Official Disability Guideline (ODG) Criteria for Drug Testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen to include chromatography, opiate(s), urinalysis, creatinine, and drug confirmation (DOS 09/17/2014) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Screen

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine Drug Testing.

Decision rationale: Quantitative Chromatography is a type of Quantitative Urine Drug Testing. While the MTUS Chronic pain guidelines and ACOEM guidelines have general recommendations concerning urine drug testing, both guidelines do not adequately deal with quantitative testing. As per Official Disability Guidelines(ODG), routine quantitative drug screening is not recommended due to variability in volume, concentration, metabolism etc. that makes the results none diagnostic. Patient is chronically on hydrocodone but there is no documentation of drug abuse concerns or change in patient's pain or medication use. Patient has been getting an multiple urine drug screens over the last year. There is no documentation by provider as to why urine drug screening was requested and why specifically why a quantitative level was needed. Quantitative Chromatography is not medically necessary.