MAXIMUS Federal Services

Case Number:	CM14-0205752		
Date Assigned:	12/17/2014	Date of Injury:	01/12/1995
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 01/12/1995. The date of the utilization review under appeal is 11/18/2014.On 11/10/2014, the patient was seen in primary treating physician followup. The patient felt that overall he was doing well and had mild central abdominal pain but not anything serious. He was wearing a binder. The patient was noted to have mild tenderness in the central portion of the abdominal wall and left groin, which was unchanged from a prior visit. The patient was diagnosed with left groin pain due to a hernia as well as left-sided abdominal pain due to abdominal wall weakness and a history of back pain and right shoulder pain. The patient felt he was making some progress in the pool, which had ended. Followup was planned in 4 weeks.Previously on 11/09/2014 a request for authorization requested a blood draw. It appears to be related to a secondary treating physician's progress report of 10/14/2014. At that time the patient complained of bilateral hip pain. Medications included aspirin, potassium, Colace, hydrochlorothiazide and lisinopril, lovastatin, Neurontin, and Zantac. The patient additionally was noted to receive morphine through an infusion pump. The patient's infusion pump was refilled. The treating physician additionally requested toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Blood Testing: Upheld

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

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

Decision rationale: The request for "serum blood testing" is not specific but appears to relate to a request for drug toxicology testing. The California Medical Treatment Utilization Schedule, section on drug testing, page 43, recommends urine drug screening as an option to assess for the use or presence of illegal drugs. It is not clear why serum, rather than urine, drug screening would be indicated, nor is it clear what other rationale or indication would exist for the requested serum blood testing. Moreover, the records do not discuss results of prior drug screening or risk stratification to establish a frequency at which future drug screening is necessary. Overall, this request is not supported by the guidelines. This request is not medically necessary.