

Case Number:	CM15-0005643		
Date Assigned:	01/26/2015	Date of Injury:	01/04/2002
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 64 year old female, who sustained an industrial injury on 1/4/2002. On 1/12/15, the injured worker submitted an application for IMR for review of serum blood testing. The treating physician reported the injured worker complains of bilateral shoulder and neck pain. Documentation in the visit notes demonstrate they are for pharmacological re-evaluations and the serum blood testing is necessary to check for drug compliance. The diagnoses included by the treating provider is cervical spinal stenosis and per UR findings dated 12/22/14 listed cervicgia, rotator cuff syndrome, cervical spinal stenosis, spinal cord disease NOS. Treatment to date has included right shoulder (2003) and left shoulder (2004) arthroscopies, right knee (2005) and left knee (2007), cervical spine fusion (7/28/2014). On 12/22/14 Utilization Review non-certified serum blood testing, noting the MTUS Guidelines.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Serum Blood Testing is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The treating physician has documented that these tests are for pharmacological re-evaluations and the serum blood testing is necessary to check for drug compliance. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Serum Blood Testing is not medically necessary.