

Case Number:	CM15-0008354		
Date Assigned:	01/26/2015	Date of Injury:	07/11/2011
Decision Date:	03/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/14/2015

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: Physical Medicine & Rehabilitation

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 40 year old female who sustained an industrial injury on 7/11/2011. She has reported low back, neck pain and right wrist pain. The diagnoses have included lumbar sprain, right wrist sprain and neck sprain. Treatment to date has included physical therapy, trigger point injections, acupuncture, home exercises and medication management. Currently, the Injured Worker complains of neck and low back pain with wrist pain. Treatment plan included for infrared electric acupuncture and chromatography testing. On 12/10/2014, Utilization Review non-certified review of for infrared electric acupuncture noting the lack of documented efficacy of prior treatments and noncertified the chromatography testing, noting the lack of medical necessity. The MTUS was cited. On 1/13/2015, the injured worker submitted an application for IMR for chromatography testing and infrared electric acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with low back, neck, and right wrist pain. The request is for CHROMATOGRAPHY TESTING. The RFA provided is dated 10/27/14. The diagnoses have included lumbar sprain, right wrist sprain and neck sprain. Treatments to date has included physical therapy, trigger point injections, acupuncture, home exercises and medication management. Patient is to return to modified duty. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." The request for the urine chromatography test without rationale or discussion of unexpected results or any inconsistent results from the qualitative urine test is not in accordance with ODG guidelines. The treater has not documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding the patient being at risk for any aberrant behaviors. The request for the chromatography test IS NOT medically necessary.