

Case Number:	CM15-0143945		
Date Assigned:	08/04/2015	Date of Injury:	03/01/2005
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 62-year-old female, who sustained an industrial injury on 03-01-2005. She has reported injury to the low back. The diagnoses have included herniated lumbar disc L3-4 and L4-5 with radiculopathy, right greater than left; status post left shoulder injection x 3 with transient relief; herniated cervical disc with radiculitis-radiculopathy; right shoulder tendinitis, impingement; right and left hand tendinitis, carpal tunnel syndrome; symptoms of anxiety and depression; and symptoms of insomnia. Treatment to date has included medications, diagnostics, injections, acupuncture, chiropractic therapy, psychotherapy, and physical therapy. Medications have included Norco, Voltaren XR, Tramadol, Naprosyn, Fexmid, Cymbalta, Clonazepam, and Prilosec. A progress note from the treating physician, dated 06-05-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the lower back with radicular symptoms into the right leg; she has difficulty with lifting; difficulty with prolonged sitting, standing, and walking; and she states the pain keeps her up at night. It is noted that physical therapy, acupuncture, and chiropractic have been attempted with transient relief. Objective findings included lumbar ranges of motion are decreased; straight leg raise test is positive on the right and on the left; and there is tightness and spasm in the lumbar paraspinal musculature noted bilaterally. The treatment plan has included the request for chromatography, quantitative x 42 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative x42 units: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Cytokine DNA Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chromatography, quantitative times 42 units is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are herniated lumbar disc L3-L4 and L4-L5 with radiculopathy right greater than left; anxiety and depression; and insomnia. The date of injury is March 1, 2005. Request for authorization is June 18, 2015. According to a progress note dated June 5, 2015, the injured worker's subjective complaints include low back pain with radiculopathy to the right leg. Objectively, range of motion was decreased and there is tightness and spasms bilaterally. The treatment plan contains a request for a lumbar epidural steroid injection at L3-L4 and L4-L5. The patient will require CBC, SMA 7, PT, PTT with INR and UA. The documentation indicates the injured worker had a urine drug toxicology screen in the provider's office. The sample was sent to the laboratory for review. There is no clinical indication or rationale for the sample to be sent to the laboratory. There is no clinical rationale for additional urine drug quantitative screening. There is no aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation of the urine drug screen performed in the office and a clinical indication and rationale for chromatography, quantitative 42 unit testing, chromatography, quantitative times 42 units is not medically necessary.