

Case Number:	CM15-0201144		
Date Assigned:	11/06/2015	Date of Injury:	02/05/2008
Decision Date:	12/28/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 53 year old male who sustained an industrial injury on 2-5-08. A review of the medical records indicates he is undergoing treatment for herniated cervical disc, cervical radiculopathy, and status post lumbar fusion. Medical records (5-27-15, 6-29-15, 7-1-15, and 8-5-15) indicate ongoing complaints of neck and low back pain, as well as stiffness. The back pain radiates to bilateral lower extremities. He rates his pain "8 out of 10" without medications and "4 out of 10" with medications. The physical exam (8-5-15) reveals tenderness, scarring, spasms, and decreased range of motion of the lumbar spine and tenderness, spasms, and decreased range of motion of the cervical spine. Diagnostic studies have included urine toxicology screening. Treatment has included acupuncture, a home exercise program, medications, and a lumbar epidural steroid injection. The injured worker is working full-duty. The utilization review (10- 9-15) includes a request for authorization of chromatography, quantitative with a date of service of 8-5-15. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative (Retrospective DOS 08/05/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Urine Drug Testing (UDT), <http://www.odg-twc.com>.

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

Decision rationale: The claimant is a 53 year-old male with lumbar post-laminectomy syndrome, lumbar radiculopathy and chronic pain syndrome. The request is for a chromatography quantitative testing (CQT). The patient has been taking Oxycontin. A recent progress note indicates that the patient returned his last prescription for Oxycontin to his provider's office to be voided as he would like to return to work. A urine drug screen was performed on 6/29/2015. The request for CQT allows for the identification and quantification of specific drugs. CQT can identify drugs that cannot be isolated by screening tests. There is no screening test documented. ODG states, "When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required." Therefore the request is not medically necessary or appropriate.