MAXIMUS Federal Services

Case Number:	CM15-0024671		
Date Assigned:	02/17/2015	Date of Injury:	09/15/2011
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 47-year-old female, who sustained an industrial injury on September 15, 2011. She has reported low back pain and pain in the left leg and foot with associated burning and tingling. The diagnoses have included lumbar back pain, reflex sympathetic dystrophy of the lower limb, pain in a joint of the ankle and foot rule out lumbar radiculopathy and chronic insomnia. Treatment to date has included radiographic imaging, diagnostic studies, thoracic surgery, conservative therapies, pain injections, medications and work restrictions. Currently, the IW complains of low back pain and pain in the left leg and foot with associated burning and tingling. The injured worker reported an industrial injury in 2011, resulting in chronic low back pain and pain in the left leg and foot with associated burning and tingling. She has been treated conservatively and surgically without resolution of the pain. She has underwent epidural steroid injections and continued to experience pain. A spinal cord stimulator was implanted and she reported an improvement with the device. She still required the use of pain medications and sleep aides. Evaluation on January 28, 2015, revealed continued pain, improved from before the stimulator was implanted. It was noted she was going to try to cut down on Ambien use. Pain medications were renewed. On January 28, 2015, Utilization Review non-certified a request for a liver panel and a urinary drug screen, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of requested liver panel and a urinary drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Liver panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 70, 77 & 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain Page(s): 1.

Decision rationale: The medical records indicate ongoing medication treatment that may affect liver function. MTUS guidelines support necessity of medical lab tests for monitoring medication use that includes NSAIDs and affect on kidney or liver function.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 70, 77 & 89.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- opioids, on-going basis.

Decision rationale: The use of UDS is supported for periodic assessment of injured worker taking opioids to monitor for any illicit use of other substance as part of opioid mitigation plan. The records indicate opioid use and as such supports use of UDS on periodic basis.