

Case Number:	CM15-0220306		
Date Assigned:	11/13/2015	Date of Injury:	05/13/2013
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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 47 year old male who sustained an industrial injury on 05-13-2013. According to a progress report dated 09-21-2015, the injured worker continued to have back pain. He tried to walk, but could only get around his block before he had pain. He did stretching at home for core strengthening. He was trying to lose weight. He had a lot of right-sided back pain. According to the provider, the injured worker had two lumbar spine surgeries in the last year and significant deconditioning that would likely take 12 months to rehab effectively. Impression included status post lumbar hemilaminectomy and discectomy at L4-L5 on 08-19-2014 with subsequent anteroposterior spinal fusion L4-L5 on 03-17-2015 and compensatory left knee pain from constant limping. During the visit, a urine toxicology screen was given to evaluate the injured worker's medication management and or ongoing medication therapy. Point of care preliminary results for urine toxicology were negative for barbiturates, benzodiazepines, methadone, opiates, oxycodone and tricyclic antidepressants. Authorization was being requested for evaluation and treatment by a physician for right-sided sacroiliac joint block as well as an aggressive core strengthening, trunk stabilization and neutral spine program, physical therapy and urine toxicology. An authorization request dated 10-03-2015 was submitted for review. The requested services included pain management evaluation and treatment for sacroiliac joint block, physical therapy for the lumbar spine and urine toxicology quantitative and confirmatory testing. The 09-21-2015 progress report did not discuss the injured worker's medication regimen. A report dated 06-08-2015 showed that the injured worker was taking Vicodin for breakthrough pain and Tramadol. On 10-12-2015, Utilization Review non-certified the request for urine toxicology quantitative and confirmatory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology quantitative and confirmatory testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter (drug testing).

Decision rationale: The request is for urine toxicology quantitative and confirmatory testing. CA MTUS Guidelines support drug testing to assess for the use or presence of illegal drugs. MTUS does not address confirmatory testing. ODG Pain Chapter states that when the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. This claimant does not meet criteria for confirmation studies. Therefore, the request is not medically necessary.