

Case Number:	CM15-0042638		
Date Assigned:	03/12/2015	Date of Injury:	05/15/1995
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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, Montana

Certification(s)/Specialty: Internal Medicine, Infectious Disease

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 48-year-old female who reported an injury on 05/15/1995. The mechanism of injury was not provided. The patient has a history of chronic low back and right knee pain. On 01/26/2015, the patient had restricted lumbar and right knee range of motion, tenderness over the lumbar paravertebral muscles, and right knee and decreased sensation over the right thigh and calf. Straight leg raise test produced pain in the bilateral feet. Medications included Norco, Prilosec, and Colace. Previous treatments included pool therapy, exercise, and medication management. The request is for 1 urine drug screen and 1 home health care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for 1 urine drug screen is not medically necessary. Guidelines recommend drug testing to assess treatment compliance and to screen for the presence of illegal drugs. Drug screening is indicated if there is evidence of high risk/aberrant behavior, history of substance abuse, or if increased dosage does not result in decreased pain and increased function. Patients at low risk for adverse events or misuse should be tested no more than twice per year. The clinical notes indicate that drug screening was performed in 09/2014 and 12/2014. Both were consistent with the prescribed medications. There has been no other documented evidence of abuse or misuse. Considering the lack of documentation of abuse or misuse and the injured worker had received a urine drug screen 12/2014, medical necessity has not been met. As such, the request is not medically necessary.

1 Home Health Care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7- Home Health Services; section 50.2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for 1 home health care is not medically necessary. The provider states that the requested home care is for assistance in home activities such as cleaning and laundry. The injured worker does not meet the guideline's recommendation. House care such as cleaning and laundry are not covered under home health care. The patient is not considered to be homebound and does not appear to require regular or intermediate physical, speech, or occupational therapy. The injured worker does not qualify for this type of service. As such, the request for 1 home care service is not medically necessary.