

Case Number:	CM15-0050793		
Date Assigned:	03/24/2015	Date of Injury:	10/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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 41 year old female with an industrial injury dated October 30, 2013. The injured worker diagnoses include thoracic or lumbosacral neuritis or radiculitis, unspecified, thoracic radiculitis and long-term use of other medications. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, massage therapy, chiropractic treatment, acupuncture, home exercise therapy and periodic follow up visits. In a progress note dated 02/12/2015, the injured worker reported back pain. Physical exam revealed radicular pain in the T6-7 nerve root distribution, facet tenderness, limited neck range of motion due to pain and decrease reflexes. The treating physician prescribed services for prospective review toxicology screening / report now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Review Toxicology Screening / Report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure summary, Urine Drug 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, prospective toxicity screening report is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, 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 is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are thoracic or lumbosacral neuritis or radiculitis; thoracic radiculitis; and long-term use of other medications. A progress note dated January 9, 2015 indicates the injured worker was taking Tylenol #for a dental procedure but used the medication for symptoms and signs related to the work injury. There was no documentation in the medical record of a urine drug toxicology screen requested. A progress note dated February 12, 2015 does not contain any medication or current list of medications nor does the documentation contained a request for urine drug toxicology screening. There is no risk assessment in the medical record. Consequently, absent clinical documentation with a risk assessment, a list of current medications including opiates, and a clinical indication and/or rationale for urine drug toxicology screen, prospective toxicity screening report is not medically necessary.