

Case Number:	CM15-0083906		
Date Assigned:	05/06/2015	Date of Injury:	02/09/1995
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old, female who sustained a work related injury on 2/9/95. The diagnoses have included lumbosacral radiculitis, post-laminectomy syndrome, myalgia myositis and lumbago. The treatments have included intrathecal pain pump, lumbar surgery, medications, participation in [REDACTED] program and use of an electric scooter. In the PR-2 dated 3/30/15, the injured worker complains of low back pain radiating down right leg. She describes the pain as stabbing, sharp, burning and moderate to severe. She is experiencing many difficulties in performing activities of daily living. She has tenderness and hypertonicity in the lumbar paravertebral muscles. She is tender at both sciatic notches. Straight leg raises on left produces back pain. The treatment plan is a request for a serum drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum drug screen, 4 times a year: Upheld

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

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

Decision rationale: Regarding the request for serum drug screens 4 times a year, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of the date and results of prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, serial drug screening is not supported without reevaluation of the above and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested serum drug screens 4 times a year are not medically necessary.