

Case Number:	CM14-0145581		
Date Assigned:	09/12/2014	Date of Injury:	01/19/2014
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 29-year-old female who has submitted a claim for lumbar sprain, herniated radiculitis, bilateral hand/wrist sprain, trigger finger associated from an industrial injury date of 01/19/2014. Medical records from 2014 were reviewed and showed that the patient complains of pain in the lower back with radicular symptoms into the right and left leg. The pain is aggravated with prolonged sitting, standing, walking and lifting. Physical examination revealed limited lumbar range of motion. There is noted tightness and spasm in the lumbar paraspinal musculature bilaterally. Examination of both wrists showed both had limited range of motion and both positive for Tinel's and Phalen's for carpal tunnel. Treatment to date has included oral medications for pain. Utilization review from 08/27/2014 denied the request for Quantitative chromatography. Reasons for denial were not included in the medical records given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative chromolography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG) was used instead.

Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) are used for confirmatory testing of drug use. These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. These tests are particularly important when results of a test are contested. In this case, the medical records do not include results of a standard urine drug screen. The medical necessity for re-testing using chromatography has not been established. There is no clear indication at this time due to inadequate information. Therefore, the request for chromatography is not medically necessary.