

Case Number:	CM14-0212102		
Date Assigned:	01/02/2015	Date of Injury:	07/16/2009
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 & Rehabn

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 a 44 year old male with an injury date of 07/16/09. The 08/18/14 handwritten progress report is the most recent treatment report provided and is partially illegible. This report states that the patient presents with a flare-up of lumbar spine pain radiating to "illegible". Pain is rated 9/10. Examination shows positive straight leg raise. The patient's diagnoses include 1. "HLD" 2. Right carpal tunnel syndrome 3. S/p carpal tunnel release, left 4. S/p left shoulder arthroscopy 10/16/10The utilization review is dated 11/19/14. Two handwritten progress reports were provided for review dated 04/09/14 and 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chromatography, Quantitative 09/08/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing

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

Decision rationale: The patient presents with a flare-up of lower back pain with radiation. The current request is for Decision for Retrospective request for Chromatography, Quantitative 09/08/14. The RFA is not included. All progress reports provided are dated prior to the 09/08/14 request. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. The reports provided for review do not discuss this request. The treater notes medications for this patient; however, no specific medications are listed. A Urine Toxicology report collected 08/18/14 is included that show "None detected" for all tested substances including opioids. In this case, guidelines recommend screening for management of chronic opiate use and there is no evidence that opiates are prescribed for this patient. The request IS NOT medically necessary.