

<b>Case Number:</b>	CM14-0215524		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	11/21/2012
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Florida  
 Certification(s)/Specialty: Family Practice

### 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 32-year-old male with a date of injury of 11/21/2012. The mechanism of injury is described as a motor vehicle collision. He has a diagnosis of chronic low back pain. A Lumbar MRI performed 8/27/14 showed lumbosacral spine musculoligamentous sprain, L4-L5 minimal discogenic disease, and mild bilateral neuroforaminal narrowing and moderate bilateral L5-S1 facet arthropathy at L4-L5. Recent physical exam findings are only significant for a mildly positive straight leg raise on the right and decreased lumbar extension. Gait, strength, and sensation in the lower extremities are all noted to be normal. Prior treatment has included physical therapy, chiropractic therapy, and medications. His work status is noted to be temporary total disability per his primary treating physician. His Orthopedist (██████████) is requesting a transfer of care to a pain management specialist for treatment with "non-operative measures," and has requested authorization for a urine drug screen. Documentation does indicate that the pt. was previously taking narcotics (hydrocodone) for his pain. A utilization review physician did not certify requests for a transfer of care to a Pain Management specialist nor a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transfer of care to pain management consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational practice medicine guidelines, Page(s): 2-3.

**Decision rationale:** The California MTUS guidelines state, Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. According to the documentation, this request is not for a consultation, but for a transfer of care. The utilization review physician specifically stated that this decision was outside the scope of utilization review since the requested transfer of care is not a medical service for the cure or relief of an industrial injury. He states "because this service is not within the scope of utilization review, and because 8CCR9785 defines authorization as an assurance of reimbursement, this item must be noncertified. This outcome is purely procedural, and is not intended and should not be interpreted as a valid opinion regarding whether this service is or is not medically necessary. I agree with the utilization reviewer's decision therefore the request is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-79.

**Decision rationale:** The MTUS guidelines recommend frequent and random urine drug screens where aberrant behaviour is suspected. Since this patient has been recommended to be being weaned off narcotics, there is no reason that a drug screen needs to be checked at this time. Therefore, this request for drug testing is not considered medically necessary.