

Case Number:	CM14-0216641		
Date Assigned:	12/31/2014	Date of Injury:	09/29/2009
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/26/2014

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: Orthopedic Surgery, Sports 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 59-year-old male who reported an injury on 09/28/2009 due to an unspecified mechanism of injury. His surgical history was significant for lumbar spine surgery performed on 10/08/2011. On 10/08/2014, he presented for a followup evaluation. He reported severe low back pain with radicular symptoms into the legs and difficulties with activities of daily living. He also reported difficulties of prolonged sitting, standing, and walking, as well as lifting. A physical examination of the lumbar spine showed range of motion was documented as flexion 33 degrees, extension 5 degrees, lateral bending to 15 degrees on the right and 10 degrees on the left. Straight leg raise was positive on the right and left, there was tightness and spasm in the lumbar paraspinal musculature noted bilaterally and there were hypoesthesias along the anterior aspect of the foot and ankle at the L5-S1 dermatome level bilaterally. There was weakness with big toe dorsiflexion and to the plantar flexion bilaterally. Reflexes were 2+ in the knees and absent in the ankles bilaterally. He was diagnosed with status post lumbar spine surgery x3, weight gain, symptoms of anxiety and depression, symptoms of intermittent insomnia, and diabetes mellitus. A request was made for Chromatography, Quantitative 42 Units. The rationale for treatment and Request for Authorization Form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative 42 Units: Upheld

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

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: Based on the clinical documentation submitted for review, the injured worker was noted to be taking medications that required the use of urine drug screening. However, the injured worker was not noted within the clinical documentation to be at risk for medication misuse or display of aberrant behaviors. Therefore, the quantitative chromatography screen being requested would not be consistent with the Official Disability Guideline recommendations. The Official Disability Guidelines state that if point of contact testing is inappropriate, confirmatory lab testing can be performed. However, quantitative testing is not required as a method of confirmatory testing. Therefore, the requested Chromatography, Quantitative 42 Units would not be supported. As such, the request is not medically necessary.