MAXIMUS Federal Services

Case Number:	CM14-0217435		
Date Assigned:	01/07/2015	Date of Injury:	03/07/2014
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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: Arizona, California
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:

This injured worker is a 43 year old male who sustained a work related injury to the low back, left shoulder, left upper extremity and left ankle on March 7, 2014. The mechanism of injury was a fall from a tree while working as a tree trimmer. A physicians report dated October 14, 2014 notes that the injured worker underwent an evaluation and x-rays showed a fracture of the coccyx and left navicular bone of the left ankle. An MRI revealed a compression fracture of the vertebral body of the lumbar one level. The injured worker was scheduled to undergo a lumbar kyphoplasty. Most current documentation dated December 5, 2014 notes that the injured worker was status post Kyphoplasty of lumbar one on October 25, 2014. The procedure helped with the pain, but he continued to experience pain in the left shoulder, low back and left ankle. Physical examination of the lumbar spine revealed tightness and spasm in the paraspinal musculature bilaterally. Range of motion was decreased. Straight leg raise was positive bilaterally. Hyperesthesia was noted along the anterior lateral aspect of the foot and ankle, lumbar five and sacral one dermatome. Left shoulder range of motion wad noted to be decreased. Tenderness was noted over the greater tuberosity of the left humerus and rotator cuff muscles on the left. Tenderness was also noted on the planter fascial attachment to the calcaneus, Achilles tendon and medical and lateral joint line of the left ankle. Medications include Norco, Anaprox, Ultram and Priolsec. Diagnoses include a compression fracture of lumbar one, lumbar spine strain/sprain; rule out herniated lumbar disc with radiculitis/radiculopathy on the left greater than the right, left shoulder strain/sprain and left ankle sprain/strain with compression fracture of the navicular bone per MRI. Work stratus is temporarily totally disabled. The injured worker had

several comprehensive drug panels performed with the most recent being October 31, 2014. The treating physician requested a chromatography quantitative 42 units. Utilization Review evaluated and denied the request on December 16, 2014. Within the medical records submitted for review there is a lack of documentation that the injured worker had evidence of a high risk addiction, a history of aberrant behavior or a history of substance dependence. Based on the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines the medical necessity of the request was not established.

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: 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: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92. Decision based on Non-MTUS Citation Arch Pathol Lab Med. 1989 Apr;113(4). Evaluation of the Keystone Diagnostic Quik Test. A paper chromatography test for drugs of abuse in urine. Schwartz RH1, Bogema S, Thorne MM.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity.Prior chromotography tests used for screening similar to the urine screen was performed for sevral months. There was no indication of abuse or deviant results .In addition, the referenced citation above notes th inaccuracy of chromotoagraphy results. As a result, the request is not medically ncessary.