

Case Number:	CM15-0010359		
Date Assigned:	01/27/2015	Date of Injury:	04/20/2008
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/19/2015

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: Texas, 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 4/20/2008. The diagnoses have included lumbar spine disorder, cervical disc disorder, right shoulder impingement syndrome, cervical and lumbar radiculopathy, insomnia and hyperlipidemia. Past medical history included hypertension and glucose intolerance. Treatment to date has included physical therapy and pain medications. The progress note with the results of the Accu-chek from 11/19/2014 referenced in the Utilization Review decision was not available for review. According to the Primary Treating Physician's Orthopedic Progress Report dated 7/22/2014, the injured worker reported ongoing neck and low back pain with radiation of pain with numbness and tingling to the hands and shooting pain along the lower extremities into the heels and toes. She reported generalized muscle pain. She was noted to continue with pain management and internal medicine. Objective findings included tenderness over the cervical and lumbar spine. The injured worker was to undergo a urine toxicology screen at the next visit. A urine toxicology screen was performed on 7/29/2014; none of the analytes tested were detected. An internal medicine progress report from 7/23/2014 notes a blood sugar of 70mg/dl. A glucose log book showed an average glucose of 114mg/dl. On 12/26/2014 Utilization Review (UR) non-certified a request for one Urine Toxicology Screen, noting that guidelines recommend once yearly screenings for those considered low risk. The medication list includes Celebrex, Elavil and Xanax. The patient's surgical history include lumbar fusion in 2011 and revision of lumbar fusion in 2013. The patient has had EMG that revealed chronic L5 radiculopathy. He has had a urine drug toxicology report on 12/27/13 and 2/7/14 that was negative for opioid. Per the doctor's note

dated 8/1/14 patient had complaints of low back pain radiating to legs at 8/10. Physical examination revealed tenderness on palpation, limited range of motion, antalgic gait, unable to perform heel toe walk, positive sacroiliac tests, and SLR test and decreased sensation in L4-S1 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guideline.

Decision rationale: Request: One (1) urine toxicology screen Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs."The current medication list contains Celebrex, Elavil and Xanax. Whether patient is taking any opioid medication or not is not specified in the records provided. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for Urine toxicology screen is not fully established in this patient.

One (1) Accu-check blood glucose test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diabetes (updated 01/26/15) Glucose monitoring

Decision rationale: Request: One (1) Accu-check blood glucose test. As per cited guideline "Recommend self-monitoring of blood glucose (SMBG) for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy, plus long-term assessment, but not continuous glucose monitoring (CGM) for routine use."A glucose log book showed an average glucose of 114mg/dl. An internal medicine progress report from 7/23/2014 notes a blood sugar of 70mg/dl. A detailed history related to diabetes was not specified in the records provided. Detailed previous lab reports were not specified in the records provided. Rationale for Accu-check blood glucose test was not specified in the records provided. Any past medical history of diabetes was not specified in the records provided. The medical necessity of the request for Accu-check blood glucose test is not fully established in this patient.