

Case Number:	CM15-0010919		
Date Assigned:	01/28/2015	Date of Injury:	12/29/2003
Decision Date:	03/23/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on 4/22/03. She has reported injury to left foot. The diagnoses have included reflex sympathetic dystrophy of lower extremity. Treatment to date has included surgery on left foot, intrathecal pump for pain management and oral medications. Currently, the injured worker complains of left foot pain. It is noted the previous urine drug screens did not provide abnormal results. On 1/7/15 Utilization Review non-certified blood draw times 2, noting there is no need to perform testing unless the urine drug test is inappropriate or there are unexpected results. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/20/15, the injured worker submitted an application for IMR for review of blood draw times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood draw x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 4/22/03. The medical records provided indicate the diagnosis of reflex sympathetic dystrophy of lower extremity. Treatment to date has included surgery on left foot, intrathecal pump for pain management and oral medications. The medical records provided for review do not indicate a medical necessity for Blood draw x 2. The records indicates the request if for blood draw to test for drugs in the serum. Neither the MTUS, the the Official Disability Guidelines recommends the use of blood for drug testing. Rather, both guidelines recommend the use of urine drug test as an option in monitoring individuals on opioids for illicit drug use.