

Case Number:	CM15-0011242		
Date Assigned:	01/28/2015	Date of Injury:	05/19/2012
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 45 year old male, who sustained an industrial injury on May 19, 2012. He has reported constant and severe low back pain and was diagnosed with chronic lumbar radiculopathy, lumbar and sacral multilevel degenerative disc disease. Treatment to date has included radiographic imaging, diagnostic studies, epidural steroid injections, pain medications, treatment modalities and activity restrictions. Currently, the IW complains of chronic, severe low back pain. The injured worker reported an industrial injury in 2012 resulting in chronic back pain. He has tried failed conservative therapies and requires pain medications. Radiographic imaging on April 2, 2014, revealed findings consistent with the diagnoses and a lumbar 2-3, 3-4 and 4-5 posterior annular tears. On September 29, 2014, evaluation revealed continued severe pain. The treatment plan included lumbar and sacral injections. The pain continued and the following requests were made. On December 12, 2014, Utilization Review non-certified a request for testing, other; chromatograph, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 9, 2015, the injured worker submitted an application for IMR for review of requested testing, other; chromatograph.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the pain management consult will address. The request is not medically necessary.

Chromatography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Urine Toxicology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: Per the ODG guidelines, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Confirmatory Testing: Laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. When to perform confirmation: When the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. The documentation submitted for review does not indicate any of the criteria for which chromatography would be necessary. The request is not medically necessary.

