

<b>Case Number:</b>	CM15-0015654		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/29/1988
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old male who sustained an industrial injury on August 29, 1988. He has reported back and bilateral leg pain with low back pain radiating to the bilateral lower extremities and has been diagnosed with post laminectomy syndrome, lumbar, degeneration of lumbar disk, and lumbago. Treatment to date has included back surgery, intrathecal pump, and a spinal cord stimulator. Progress report dated December 18, 2014 noted back and bilateral leg pain with low back pain radiating to the bilateral lower extremities. The treatment plan included a blood draw to determine opioid levels are within the expected steady state range. On January 12, 2015 Utilization Review form non certified a blood draw citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood Draw:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Page(s): page(s) 77-78; 94..

**Decision rationale:** According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rational from requesting opioid blood level which is not superior to a urine drug screen for detecting any potential abuse. There is no correlation between the blood opioid level and the response to pain. Therefore, Blood Draw is not medically necessary.