

Case Number:	CM15-0175893		
Date Assigned:	09/17/2015	Date of Injury:	08/22/2014
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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, New York, California
 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 applicant is a represented 47-year-old who has filed a claim for chronic neck, mid back, and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of August 22, 2014. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for a specimen collection and handling fee, apparently associated with drug testing reportedly performed on or around July 28, 2015. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of neck, mid back, low back, shoulder, elbow, wrist, hand, and ankle pain with derivative complaints of headaches, anxiety, depression, and irritability. Physical therapy, acupuncture, extracorporeal shockwave therapy, a psychiatric consultation, a podiatry consultation, and an orthopedic surgery consultation were sought while the claimant was kept off of work. The claimant's medication list was not detailed. On July 24, 2015, the claimant was again placed off of work, on total temporary disability. Acupuncture was sought. Once again, the claimant's medication list was not detailed. On an RFA form dated August 25, 2015, drug testing was sought. The claimant's medication list was not detailed. In an earlier note dated August 11, 2015, drug testing was sought. Once again, the claimant's medication list was not detailed. On an RFA form dated July 27, 2015, drug testing was again sought. Once again, the claimant's medication list was not attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Specimen Collection and Handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the retrospective request for specimen collection and handling fee is not medically necessary, medically appropriate, or indicated here. The request in question represented a request for services performed in conjunction with drug testing on multiple dates in July and August 2015. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option to assess for the presence or absence of illicit drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug testing or drug panels he intends to test for and why, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. Here, however, multiple RFA forms and progress notes, referenced above, of July and August 2015 failed to recount the applicant's complete medication list. The requesting provider neither stated his intention to eschew confirmatory and quantitative testing nor stated his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. The requesting provider did not clearly state why drug testing was being performed on such a frequent basis, i.e., on multiple dates of service in July and August 2015 alone, including on July 7, 2015, August 11, 2015, and August 25, 2015. Since multiple ODG criteria for pursuit of drug testing were not met, the request for drug testing with an associated specimen collection and handling fee was not indicated. Therefore, the request is not medically necessary.