

Case Number:	CM15-0025415		
Date Assigned:	02/17/2015	Date of Injury:	11/18/2003
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/10/2015

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: Massachusetts

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:

This 43 year old female sustained an industrial injury on 11/18/03. She subsequently reports upper, lower back pain which radiates to the right hip. Treatments to date have included chiropractic care and prescription pain medications. On 1/7/15, Utilization Review non-certified a request for Orthotics and a Random Drug Screen. The Orthotics request was denied based on MTUS, ACOEM and ODG guidelines. The Random Drug Screen was denied based on MTUS and Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Ankle & Foot Chapter Harris J. Occupational Medicine Practice Guidelines 2nd Edition (2004) page 367-377.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: There is no indication from the documents available for review that the IW's low back pain complaints are secondary to a podiatric problem. Therefore, the role of orthotics is unclear. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Random Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: Criteria for Use of Urine Drug Testing Urine drug tests may be subject to specific drug screening statutes and regulations based on state and local laws, and the requesting clinician should be familiar with these. State regulations may address issues such as chain of custody requirements, injured worker privacy, and how results may be used or shared with employers. The rules and best practices of the U.S. Department of Transportation should be consulted if there is doubt about the legally defensible framework of most jurisdictions. (DOT, 2010) According to the documents available for review, the injured worker meets none of the aforementioned MTUS / ODG criteria for the use of urine drug testing. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.