

Case Number:	CM15-0025799		
Date Assigned:	02/18/2015	Date of Injury:	07/16/2002
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who sustained a work related injury July 2, 2002. Past history includes right and left inguinal hernia repair 2012 and hypertension. According to a primary treating physician's progress report, dated October 1, 2014, the injured worker presented with complaints of low back pain with radicular symptoms into the right and left leg. The symptoms are aggravated with prolonged sitting, standing, lifting and walking. Lumbar spine range of motion; flexion 50 degrees, extension 15 degrees, lateral bending right and left 20 degrees; straight leg raise; 70 degrees on the right and 75 degrees on the left. There is tightness and spasm in the lumbar paraspinal musculature noted bilaterally. Diagnoses included lumbosacral spine with multiple disc protrusions with radiculitis positive MRI and EMG (reports not present in medical record); s/p bilateral inguinal hernia repair surgery. Treatment plan included request for acupuncture 2-3 times a week for 6 weeks. An internal medicine permanent and stationary report dated October 24, 2014, is the only additional record available for review in the current case file. According to utilization review dated January 16, 2015, the request for Chromatography Quantitative (42) Units is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography quantitative (42) units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine drug testing (UDT).

Decision rationale: The patient presents with low back pain with radicular symptoms into the right and left leg. The current request is for chromatography quantitative 42 units. The treating physician states that the symptoms are aggravated with prolonged sitting, standing and walking. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, while it would be reasonable to obtain urine drug screen, it is not medically necessary to perform "chromatography" on all screened items. Furthermore, the request is for 42 items, which is quite excessive. Typically, urine drug screens test 12-15 items, which should be sufficient to accomplish opiate management. The current request is not medically necessary and the recommendation is for denial.