MAXIMUS Federal Services

Case Number:	CM15-0045022		
Date Assigned:	03/16/2015	Date of Injury:	08/17/2012
Decision Date:	05/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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
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 31 year old male, who sustained an industrial injury on 8/17/2012. Diagnoses include cervical sprain/strain with radiculitis, right shoulder sprain/strain, grade II AC separation, left shoulder sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, mild ligamentous sprain, left hip status post open reduction internal fixation (ORIF) with retained hardware, right sacroiliac tendinitis and symptoms of anxiety and depression. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention, medications, psychology evaluations and neurology evaluations. Per the Primary Treating Physician's Progress Report dated 2/06/2015, the injured worker reported increased pain in the left hip aggravated with cold weather and walking. He states that the pain shoots down his left leg. Physical examination of the cervical spine revealed forward flexion 50 degrees, extension 50 degrees, lateral bending left and right 30 degrees, and right and left rotation 65 degrees. Foraminal compression test and Spurling's test are positive. There was tightness and spasm in the trapezius, sternocleidomastoid and straps muscle right and left. Left hip range of motion included forward flexion of 100 degrees, internal and external rotation 60 degrees, abduction 70 degrees, and adduction 30 degrees, with tenderness over the greater trochanteric bursa of the left femur. The plan of care included and authorization was requested for chromatography.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography, Quantitative (DOS 02/06/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine Drug Testing.

Decision rationale: The patient presents with increased pain in the left hip with shooting pains down the left leg. The request is for CHROMATOGRAPHY, QUANTITATIVE (DOS 02/06/15). There is no RFA provided and the patient's date of injury is 08/17/12. The diagnoses include cervical sprain/strain with radiculitis, right shoulder sprain/strain, grade II AC separation, left shoulder sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, mild ligamentous sprain, left hip status post open reduction internal fixation (ORIF) with retained hardware, right sacroiliac tendinitis and symptoms of anxiety and depression. Current medications include Phenytoin ER and Xanax, per 01/12/15 report. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43 recommends drug testing as an option, although does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and in the Pain chapter for Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Per provided medical reports, there were 8 comprehensive drug panels completed from 07/09/14 through 02/06/15. The treater does not explain a reason for the request and there is no discussion regarding opiate risk management. In addition, the treater has not documented that the patient is a high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The request for the urine chromatography test without rationale or discussion of unexpected results or any inconsistent results from the qualitative urine test is not in accordance with ODG guidelines and IS NOT medically necessary.