

Case Number:	CM15-0075186		
Date Assigned:	04/27/2015	Date of Injury:	03/28/2014
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58-year-old male, who sustained an industrial injury on 3/28/2014, while employed as a field worker. He reported back pain from lifting/bending. The injured worker was diagnosed as having lumbar disc displacement and lumbar sprain/strain. Treatment to date has included x-rays, magnetic resonance imaging of the lumbar spine, medications, and physical therapy. Currently (3/23/2015), the injured worker complains of lumbar pain, rated 4-5/10 (per the Doctor's First Report of Occupational Injury or Illness record). The PR2 initial comprehensive orthopedic evaluation noted complaints of lumbar pain (rated 8-9/10), with radiation to his buttocks, left hip, left leg and left upper knee. He was currently working without restrictions. The treatment plan included a medication refill of Naproxen and diagnostics, including urine drug screen, CRP (C-reactive protein), and arthritis panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2014. The worker has had various treatment modalities and use of medications including opioids. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine drug screen is not substantiated in the records.

CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: acute phase reactants.

Decision rationale: At issue in this review is the request for lab / blood work in this injured worker with a history of chronic back pain. He had no cardiac, renal, hepatic, rheumatologic or esophageal symptoms or diagnoses documented. There were no historical or exam findings for toxicity or side effects of his medications. The physician visit does not substantiate the clinical reasoning or justify why the blood work is needed. The denial of a CRP is appropriate therefore, the request is not medically necessary.

Arthritis Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Diagnosis and differential diagnosis of rheumatoid arthritis.

Decision rationale: At issue in this review is the request for lab / blood work in this injured worker with a history of chronic back pain. He had no cardiac, renal, hepatic, rheumatologic or esophageal symptoms or diagnoses documented. There were no historical or exam findings for toxicity or side effects of his medications. The physician visit does not substantiate the clinical reasoning or justify why the blood work is needed. The denial of an arthritis panel is appropriate therefore, the request is not medically necessary.