

Case Number:	CM15-0077701		
Date Assigned:	04/29/2015	Date of Injury:	11/15/2011
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Internal 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 50 year old male, who sustained an industrial injury on 1/11/2011. He reported a left leg fracture, left knee arthroscopy, and chronic low back and left lower extremity pain following a fall off a truck. Diagnoses include multilevel disc disease, left knee meniscal tear, left ankle sprain/strain, left foot pain, rule out Achilles tendonitis. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injections. Currently, he complained of low back pain rated 9/10 VAS and pain in the left knee, right hip and left ankle rated 8/10 VAS. The pain was rated 4/10 VAS with medication. On 3/8/15, the physical examination documented decreased lumbar range of motion, tenderness, and positive straight leg raise tests. The left knee was also tender to palpation with a positive McMurray's test and swelling noted in the left calf and left ankle. The plan of care included a consultation to pain management for the lumbar spine pain and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen (Qualitative; multiple drug classes by high complexity test method G0431): Upheld

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

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

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no documentation of previous urine test results and there is no documentation of the frequency of testing. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Office Consultation (99244 Re-Evaluation with Pain Management): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, the claimant has chronic pain and has been evaluated by a pain management specialist. There is no documentation of what specifically needed by the requested re-evaluation by pain management. There is no documentation of the results and recommendations from the previous evaluation. Medical necessity for the requested service is not established. The requested service is not medically necessary.