

Case Number:	CM15-0095612		
Date Assigned:	05/22/2015	Date of Injury:	01/21/2014
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 38-year-old who has filed a claim for chronic low back, mid back, and knee pain reportedly associated with an industrial injury of January 21, 2014. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve requests for a knee brace and a urine toxicology screening. The claims administrator referenced a RFA form of April 20, 2015 and associated office visit of March 20, 2015 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated February 4, 2015, the applicant reported ongoing complaints of neck, back, shoulder, ankle, and knee pain. The applicant was not working, it was acknowledged, and had not worked since January 20, 2014, i.e., over a year prior. The applicant was receiving Workers' Compensation indemnity benefits, it was further noted. On April 20, 2015, the applicant was placed off of work, on total temporary disability. A psychological consultation, knee brace, Norco, and interventional pain management follow-up visit were endorsed while the applicant was kept off of work, on total temporary disability. Multifocal complaints of knee, shoulder, low back, neck, and mid back pain were reported. The applicant was on Norco. The applicant had developed derivative complaints of depression, it was incidentally noted. On March 20, 2015, the applicant reported multifocal complaints of knee, shoulder, ankle, and low back pain, 5-7/10. The applicant was using Norco and Flexeril. A new knee brace was endorsed while Norco was renewed. The applicant was placed off of work, on total temporary disability. Drug testing was also sought. The applicant's complete medication list was not, however, attached, nor was it stated what drug tests and/or drug panels were being tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Knee Hinged Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, a knee brace is necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. ACOEM Chapter 13, page 340 further notes that, for the average applicant, a knee brace is "usually unnecessary." Here, the applicant was off work, on total temporary disability, as of the date of the request. It did not appear that the applicant was likely be stressing the knee under load, climbing ladders, and/or carrying boxes. Therefore, the request was not medically necessary.

1 Urine Tox Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic),Urine drug testing (UDT).

Decision rationale: The request for a urine toxicology screen (AKA urine drug screen) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and should attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The applicant's complete medication list was not attached to the request for authorization for testing. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.