

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/24/2013

<b>IMR Case Number:</b>	CM13-0013032	<b>Date of Injury:</b>	11/22/2011
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	7/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	8/19/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>	Please reference utilization review determination letter		

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from (Claims Administrator, employee/employee representative, Provider)
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53-year-old female patient that reported a work-related injury to her right knee and right leg on 11/22/2011. On 03/22/2013 the patient reported pain to lower back that radiated bilaterally down both legs to the feet and rated the pain 6/10. The recommendation after examination of the patient was for a lumbar facet joint block MMB at levels L4-5 and L5-S1. The patient was taken off Naprosyn on that date due to elevated blood pressure and instructed to followup with primary care physician concerning her other medications. The diagnosis was vertebral disc without myelopathy, lumbar facet joint syndrome/hypertrophy, myalgia, neural foraminal stenosis of L4-5 and L5-S1.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Retrospective request for 1 urine toxicology screen, including Cytochrome P450 Drug Metabolism Panel and Genetic Addiction Risk Score between 5/6/2013 and 5/6/2013 is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 43 and 78, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Based upon the submitted documents, the request for 1 urine toxicology screen, including cytochrome P450 Drug Metabolism Panel and Genetic Addiction Risk Score between 05/06/2013 and 05/06/2013 is not medically necessary. The patient's prescribed medications were not provided with the clinical prior or on the date of the urine drug screen testing. The

urine drug toxicology screen done on 05/06/2013 showed no barbiturates, antidepressants, benzodiazepine, opiate, or sedative detected. The California MTUS Guidelines recommends drug testing as an option using a urine drug screen to assess for the use or the presence of illegal drugs or issues of abuse, addiction, or poor pain control with opiates. The submitted documents did not provide clinical evidence of drug abuse, addiction, or poor pain control, nor of suspected illegal drug usage. As such, the request for urine toxicology screen, including cytochrome P450 Drug Metabolism Panel and Genetic Addiction Risk Score between 05/06/2013 and 05/06/2013 is not medically necessary and is non-certified.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



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