

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	8/16/1999
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008581

- 1) MAXIMUS Federal Services, Inc. has determined the request for **toxicology exam lower back area is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **toxicology exam lower back area is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship Trained in Cardiovascular Disease and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 52-year-old female who reported a work related injury on 08/16/1999, specifics of the injury not stated. The clinical notes evidence the patient presents for treatment of the following diagnoses: postlaminectomy syndrome of the lumbar spine, failed back syndrome, piriformis syndrome, right knee pain, and left hip pain. The clinical note dated 07/16/2013 reports the patient was seen under the care of Dr. [REDACTED] for her chronic pain complaints. The provider documents the patient reports her pain had not changed. The patient reports continued low back pain, right greater than left, knee pain and left lower extremity pain. The provider documents the patient utilizes the following medications: Vimovo 1 by mouth 2 times a day, lisinopril 30 mg daily, Wellbutrin XL 30 mg 1 by mouth q. day, Lyrica 75 mg by mouth 3 times a day, and MiraLAX. The provider documented the following therapies have been minimally helpful for the patient: Botox injections, epidural steroid injections, physical therapy, TENS unit, and chiropractic care. Upon physical exam of the patient, she continues to report head and neck tenderness upon palpation. The provider documents the patient has abrasions on the bilateral feet from numbness and hitting objects when ambulating. The patient presents with decreased sensory exam to the bilateral lower extremities, edema to the bilateral lower extremities, and the patient was able to rise from sit to stand without difficulty. The provider documented the preliminary urine drug screen, which revealed no abnormalities. The provider requested authorization for a quantitative urine drug screen.

Documents Reviewed for Determination:

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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for toxicology exam lower back area:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM, 2nd Edition, which is part of MTUS; and, also used the Official Disability Guidelines (ODG), which is not part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 43, which is part of the MTUS.

Rationale for the Decision:

The California MTUS guidelines indicate that drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. The medical records provided for review indicate that it was the provider's clinic protocol to conduct point of care or in-office urine drug testing in chronic pain patients. The clinical notes reveal that the employee presents with a chronic pain condition and utilizes controlled substances for pain complaints, but the clinical notes lacked evidence of when the employee had last undergone a quantitative urine drug screening. The employee's date of injury was in 1999. The clinical notes do not reveal that the employee presented with any aberrant drug behavior or had been non-compliant with the medication regimen. **The request for toxicology exam lower back area is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.