

<b>Case Number:</b>	CM13-0006313		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 42 year old male who was injured on 08/29/2011 while he was lifting up a heavy box of water. As he was lifting it, the box broke and he had to lean forward to try to keep it from falling. He felt a sharp pain in his left lower back. Diagnostic studies reviewed include MRI of the lumbar spine dated 10/05/2011 show disc height loss at L5-S1 with a left-sided disc protrusion resulting in moderate left-sided foraminal stenosis at L5-S1. Laboratory results from drug screen dated 01/23/2013 reveal negative results. Orthopedic e evaluation dated 06/12/2013 reports the patient presents with complaints of frequent minimal, occasionally moderate pain in the left lower back, with radiation to the left knee. On exam, the patient is able to walk and get up and off the exam table without problem. There is tenderness in the left lower lumbar paraspinal muscles. There is tenderness in the sacroiliac joints or sciatic notches. Range of motion exhibits flexion to 30; extension to 15; right lateral flexion to 15; and left lateral flexion to 15. Motor strength is 5/5 in all muscle groups of lower extremity bilaterally; Reflexes are 2+ bilaterally. Sensation is intact in all dermatomes of the lower extremities. The patient is diagnosed with L5-S1 disc protrusion, lumbar sprain with radiculopathy, and left knee patellofemoral pain, which is resolved. PR2 dated 06/05/2013 documents essentially the same subjective and objective findings as in report dated 06/12/2013. There is a documented request for 6-8 sessions of acupuncture therapy and urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 6/5/13) FOR URINALYSIS DRUG TEST: 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 Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guidelines, urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. According to the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Testing is recommended at approximately 6 month intervals for those patients at low risk of abuse or aberrant behavior. The medical records document the patient was diagnosed with L5-S1 disc protrusion, lumbar sprain with radiculopathy, and left patellofemoral pain, resolved. He is taking Norco on a chronic basis. The patient appears to be at low risk of abuse. There is no documentation of drug abuse or aberrant behavior. The last urine drug test appears to have been on 01/23/13 and was negative. This is a request for repeat UDS on 06/05/13, about 4.5 months later, which comes a little in advance of the recommended 6 month interval. Therefore, the retrospective request for a urinalysis drug test, DOS 6/5/13, is not medically necessary and appropriate.