

<b>Case Number:</b>	CM13-0013863		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Physical Medicine and Rehabilitation 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 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.

### 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 underlying date of injury in this case is 09/03/2008. Primary diagnoses include lumbar discopathy, neural compression, and lumbar radiculitis. A prior physician review noted that this patient has been treated for chronic low back pain as well as chronic neck pain, chronic knee pain, chronic shoulder pain, and bilateral carpal tunnel syndrome. A prior physician review notes that Official Disability Guidelines recommends that the frequency of urine drug testing should be based on risk stratification and that the medical records in this case do not dispense such a risk stratification. That review notes that the patient demonstrated a negative urine drug screen on 04/23/2013, or 2 months prior to the current request, and noted that the patient was utilizing medications unlikely to show up on a urine drug screen such as Naprosyn and Prilosec. Therefore, that reviewer recommended non-certification of a urine drug screen. The physician review also noted that the patient has an established diagnosis of lumbar radiculopathy based on MRI findings on for December 2012 demonstrating impingement of multiple nerve roots. Since the medical records do not document a significant worsening of the patient's lumbar condition or neurological status, repeat electrodiagnostic studies were not recommended. Ultimately, on 08/08/2013, the patient did undergo electrodiagnostic testing of the upper and lower extremities. This study demonstrated mild bilateral carpal tunnel syndrome with no evidence of a lumbar radiculopathy or a lower extremity entrapment neuropathy. The stated history was that of neck pain without radiation as well as back pain radiating to the left foot with numbness in the feet and with no neurological findings in the lower extremities. A treating physician note of 08/06/2013 with regard to the lumbar spine, the patient had the diagnoses of lumbar discopathy, neural compression, and lumbar radiculitis with segmental instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**urine specimen to monitor medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, urine drug testing. .

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

**Decision rationale:** The Chronic Pain Guidelines state, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medical records at this time do not clarify the rationale for requested urine drug testing in a particular frequency. The records do not clearly discuss the risk factors for aberrant behavior or specific reasons as to why this patient would be felt to require drug testing based upon use of a particular medication or other items of medical history. Overall the medical records and guidelines do not support this request for urine drug testing. This request for urine specimen to monitor medication use is not medically necessary and appropriate.

**electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 60-61, 303, Table 12-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** ACOEM Guidelines state, "When the neurological exam is less clear, no other physiological evidence of nerve dysfunction should be obtained before ordering an imaging study." A prior physician review states that this patient had a definitive diagnosis of a lumbar radiculopathy and therefore an electrodiagnostic study was not indicated. The records, however, note that this patient had equivocal neurological findings including reported radicular pain but no clear specific neurological deficit on exam. Moreover, this patient had been diagnosed with numerous nonspecific diagnoses of the lumbar spine such as lumbar discopathy, neural compression, and lumbar radiculitis although without a definitive confirmation of a specific lumbar radiculopathy. Overall there was a degree of uncertainty regarding the patient's radicular symptoms and findings in the lower extremities consistent with the treatment guidelines for a lower extremity electrodiagnostic study. The request for electromyography/nerve conduction velocity (EMG/NCV) studies of the bilateral lower extremities is medically necessary and appropriate.