

<b>Case Number:</b>	CM13-0027800		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine & 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 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 injured worker is a 35-year-old male with a reported date of injury on 11/27/2007. The injury reportedly occurred when the injured worker was catching something that was going to fall and injured his low back. His diagnoses were noted to include possible postlaminectomy syndrome, status post L4 through S1 partial laminectomy, and chronic low back and left leg pain. His previous treatments were noted to include surgery, epidural injections, physical therapy, and medications. The progress note dated 09/12/2013 revealed the injured worker complained of ongoing low back pain and left lower extremity symptoms that were rated 7/10 overall, his condition remained the same with no significant change. The injured worker revealed he continued to have limitations of his activities including sitting, standing, and walking. The injured worker revealed he did have difficulties sleeping at night secondary to pain. The physical examination revealed range of motion to the lumbar spine was limited in all planes as well as diminished sensation of the left L4 and L5 dermatomes. The left plantarflexion and tibial tibialis anterior are 4/5. A positive straight leg raise test was noted and the injured worker was encouraged to continue with a home exercise program. The request for authorization form dated 07/24/2013 is for urine toxicology to be done to assess the compliance of medications and a followup visit for re-evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A urine toxicology test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

**Decision rationale:** The injured worker had a previous urine drug screen 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend as an option, using a drug screen to assess for the use or the presence of illegal drugs. There is a lack of documentation with a recent, adequate, and complete assessment as well as a recent medication list to indicate the need for a urine drug screen. Therefore, the request for a follow-up pain management consultation is not medically necessary and appropriate.

**A follow up pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The injured worker complained of low back pain in 2013. The CA MTUS/ACOEM Guidelines state patients with potentially work-related low back complaints should have follow-up every 3 to 5 days by a medical practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. Practitioners should take care to answer questions and make these sessions interactive so the patient is fully involved in his or her recovery. Though the patient has returned to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full work activities. Physician follow-up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every 4 to 7 days if the patient is off work and every 7 to 14 days if the patient is working. The documentation provided lacked a recent, adequate, and complete assessment to warrant a followup pain management consultation. Additionally, the last progress note submitted did not contain a physical examination. Therefore, the request for a follow-up pain management consultation is not medically necessary and appropriate.