

<b>Case Number:</b>	CM13-0046122		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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. 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 applicant is a represented [REDACTED] insurer who has filed a claim for chronic low back pain, depression, and anxiety reportedly associated with an industrial injury of September 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of chiropractic manipulative therapy and acupuncture; and attorney representation. In a utilization review report of October 22, 2013, the claims administrator denied a request for urine drug screen, approved a psychiatry consultation, and conditionally denied a request for manipulative therapy, acupuncture, and a topical cream. The applicant's attorney subsequently appealed. A September 9, 2013 progress report is handwritten, not entirely legible, difficult to follow, notable for moderate tenderness about the neck, shoulder, and multiple paraspinal muscles. The applicant is given a diagnosis of lumbar strain, depression, and anxiety. Manipulation, chiropractic treatment, topical compounds, and urine drug testing are endorsed while the applicant remains off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine drug 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 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, an attending provider should clearly furnish a list of those drug tests and/or drug panels which he is testing for along with the request for authorization for drug testing. An attending provider should also clearly state those drugs that the applicant is taking at the time of testing and/or how those drug test results would influence the treatment plan. In this case, however, those criteria were not met. The attending provider did not state those drug tests and/or drug panels which he intended to test for, nor did he furnish the complete list of medications which the applicant was taking along with the request for testing. Accordingly, the request is not certified.