

<b>Case Number:</b>	CM14-0006621		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 32-year-old who reported an injury on September 24, 2012. The mechanism of injury was not stated. Current diagnoses include possible lumbar discogenic pain, possible cervical discogenic pain, bilateral shoulder pain, bilateral carpal tunnel syndrome, and stress syndrome. There was no Physician's Progress Report submitted on the requesting date of January 4, 2013. The latest Physician's Progress Report submitted for this review is documented on January 27, 2014. The injured worker reported persistent neck and lower back pain. Previous conservative treatment includes acupuncture, chiropractic therapy, medication management, and home exercise. Physical exam revealed tenderness to palpation of the cervical facets, bilateral trapezius tenderness, painful cervical range of motion, painful lumbar range of motion, lumbar facet tenderness, positive Tinel's and Phalen's testing bilaterally, and weakness in bilateral hand grips. Treatment recommendations at that time included cervical and lumbar facet joint diagnostic blocks and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen, collected on January 4, 2013:** 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, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. According to the documentation submitted, there was no indication of non-compliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request for a urine drug screen, collected on January 4, 2013, is not medically necessary or appropriate.