

<b>Case Number:</b>	CM14-0110243		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/28/1999
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 70-year-old female who reported an injury on 10/28/1999. She reportedly stepped off a step and had immediate pain in her neck and left arm as well as low back and right leg. On 07/16/2014, the injured worker presented with chronic low back pain. Upon examination, there was muscle spasm along the lumbar spine bilaterally and along the cervical spine and trapezius. There was normal range of motion and mild tenderness to palpation. There was decreased sensation to light touch, cold, and pinprick in the upper extremities with some numbness noted in the first 3 digits of the left hand and L5 dermatome on the left leg below the knee. There was 5/5 motor strength. The diagnoses were low back pain, cervical spine pain, lumbar radiculitis, degenerative disc disease of the lumbar spine, and brachial neuritis. Prior therapy included medications. The provider recommended a urine drug screen and a follow-up. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen X 1, secondary to opioid use,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2 Summary of Recommendations Low Back Disorders.

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

**Decision rationale:** The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and as a screening for risk of misuse and addiction. The documentation provided does not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established.

**Return office visit in 3 months or sooner, submitted diagnosis lumbar (lower back) degenerative disc disease, as outpatient.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) - [https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2 Summary of Recommendations Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

**Decision rationale:** The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review and the injured worker's concern, signs and symptoms, and clinical stability. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of a necessity of an office visit requires an official case review and assessment being ever mindful that the best injured worker outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The provider's rationale for a follow-up visit was not provided. There is a lack of documentation of how a follow-up visit would allow the provider to evolve in a treatment plan or goals for the injured worker. As such, medical necessity has not been established.