

<b>Case Number:</b>	CM14-0124205		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/28/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Orthopedic Surgery 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 claimant is a 57-year-old female injured on November 28, 2010. The records provided for review include a note from a June 26, 2014, assessment documenting ongoing low back and lower extremity radicular pain. The notes state that the claimant had been utilizing aquatic therapy. Physical examination showed positive straight leg raise. Shoulder assessment showed tenderness to palpation and positive impingement sign. The claimant was diagnosed with multilevel disc bulge and degeneration with a lumbar strain and radicular symptoms. The treating provider recommended the use of a cushion ring to facilitate driving and urine drug screening. The provider specifically states that the claimant has undergone no recent drug testing and has exhibited no aberrant behavior, illicit drug use or misuse of medications during treatment. Narcotic management was declined by prior utilization review. This request addresses the recommendations for a cushion ring and urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Ring Cushion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse Use of support Services.

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

**Decision rationale:** Based on Official Disability Guidelines, the requested durable medical equipment, a cushion ring, would not be indicated. This claimant presents with a diagnosis of a sprain to the lumbar spine more than three years from time of injury. The reviewed records document no acute clinical findings that would necessitate use of an assistive device for pressure reduction of the buttocks during driving. There is no documentation of a rationale why the cushion ring is being recommended. Absent a rationale for the cushion ring, therefore this request is not medically necessary.

**1 Random Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates steps to avoid misuse/abuse.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines would not support randomized urine drug screening for this claimant. The reviewed records include reference to a utilization review denial for continued use of short-acting narcotic medications, and the treating physician specifically documents that there is no indication of misuse of narcotic analgesics in this claimant. Because narcotic agents are non-approved for continued use, and in the absence of indications of narcotic abuse, the request for a random urine drug screening is not medically necessary.