

<b>Case Number:</b>	CM14-0125416		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Nevada. 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 records, presented for review, indicate that this 41 year-old gentleman was reportedly injured on October 15, 2013. The mechanism of injury was noted as pulling pallets of paint. The most recent progress note, dated May 13, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated diffuse tenderness along the lumbar spine with decreased lumbar spine range of motion. There was a positive straight leg raise test at 70. Diagnostic imaging studies of the lumbar spine indicated a broad-based disc protrusion at L3-L4, L4-L5, and L5-S1. Previous treatment included physical therapy. A request had been made for urine toxicology and was not certified in the pre-authorization process on July 23, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

**Decision rationale:** The California MTUS Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, this request for Urine Toxicology is not medically necessary.