

<b>Case Number:</b>	CM14-0128092		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/21/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 male employee was reportedly injured on November 21, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 24, 2014, indicates that there are ongoing complaints of neck pain and lower back pain. No physical examination was performed on this date. Diagnostic imaging studies of the cervical spine show diffuse disc desiccation with a disc bulge seen at C5 - C6 and a retrolisthesis at the same level. Prior treatment is unknown. A request had been made for a toxicology report and was not certified in the pre-authorization process on July 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Toxicology Date of Service 03/24/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing 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, the request for retro toxicology report is not medically necessary.