

<b>Case Number:</b>	CM14-0066844		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/12/2000
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 55-year-old individual was reportedly injured on 1/12/2000 the mechanism of injury is not listed. The most recent progress note, dated 5/21/2014, indicated that there were ongoing complaints of chronic neck and low back pains. The physical examination demonstrated cervical spine positive tenderness to palpation to the paraspinal muscles, with palpable bands of tight muscles, with positive twitch response and referred pain. There was also full range of motion. Thoracic spine had positive tenderness to palpation of the T9-L1 paraspinal muscles. Lumbar spine had positive tenderness to palpation of the lumbar paraspinal muscles L5-S1 and tenderness to palpation of the right PSOS with limited range of motion. There was positive Patrick's test, positive Fortin's and pelvic distraction test on the right side. Decreased muscle strength was noted in the left upper extremity and bilateral lower extremities. Decreased sensation to light touch 6-8 on the left side. No recent diagnostic studies are available for review. Previous treatment included multiple surgeries, medications, and conservative treatment. A request had been made for urine drug screen and was not certified in the pre-authorization process on 4/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page(s): 43 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule (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, please note the claimant has had a negative urine drug screen in 2014. Therefore, the request is not considered medically necessary.