

<b>Case Number:</b>	CM13-0019212		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old female who reported an injury on 01/29/2010. The mechanism of injury was not provided. On 08/08/2013, the injured worker presented with tingling in the left lower extremity and aggravated by sitting for prolonged durations, standing for short durations and other activities of sitting and standing, as well as bending and twisting. A letter dated 08/05/2013, noted that the injured worker had an AMA rating consistent with 12% whole person impairment associated with restrictions provided. A current medication list was not provided. The treatment plan included a repeat radiofrequency ablation at the L4-5 and L5-S1 and a urinalysis drug screen, date of service 07/28/2013. The 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:

**Urinalysis Drug Screening (DOS:07/28/2013): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 33.

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

**Decision rationale:** The request for urinalysis drug screen is not medically necessary. 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 for review does not indicate that 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. There is also no evidence of opioid use. As such, medical necessity has not been established.