

<b>Case Number:</b>	CM14-0166702		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Family Practice 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:

This is a 46-year-old male claimant who sustained a work injury on 1/27/11 involving the neck and low back. He was diagnosed with lumbar disc disease, thoracic disc disease, lumbar radiculitis and muscle pain. A progress note on August 26, 2014 indicated home exercise was helping him. He had 2/10 pain with medications. Exam findings were notable for tenderness in the cervical, thoracic and lumbar paraspinal region. The claimant was on Celebrex, Skelaxin, Ultram and Motrin at that time. The treating physician requested a urine drug screen and a subsequent muscle testing and range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: DOS: 8/26/14 Muscle testing/range of motion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines range of motion and muscle testing.

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

**Decision rationale:** The relation between lumbar range of motion measures and functional ability is weak or nonexistent. According to the guidelines, range of motion testing and

flexibility testing is not medically necessary and should be part of the routine exam. As a result the request for muscle testing and range of motion is not medically necessary.

**Retrospective : DOS: 8/26/14; Urine drug screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening regarding monitoring adherence. Decision based on Non-MTUS Citation ODG Guidelines; Drug screening regarding monitoring adherence

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history, a urine toxicology screen is not medically necessary.