

<b>Case Number:</b>	CM14-0200236		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 45-year-old female claimant sustained a work injury on October 29, 2012 involving the neck, back and right upper extremity. She was diagnosed with right thoracic outlet syndrome and chronic lumbar strain. A progress note on July 1, 2014 indicated the claimant had 6/10 pain in the involved areas. Exam findings were notable for cervical muscle guarding and tenderness to the right trapezius, reduced range of motion of the right shoulder, positive thoracic outlet symptoms on the right side, diffuse muscle guarding and tenderness in the lumbar spine as well as a positive straight leg raise test on the right side. The claimant had been on hydrocodone for pain. Subsequently an MRI of the lumbar spine was ordered as well as a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO toxicology study DOS 7/1/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**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.