

<b>Case Number:</b>	CM14-0205266		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 65 year old male who was injured at work on 01/09/2014. The injured worker is reported to be complaining of 5/10 pain. The physical examination revealed limited range of motion of the spine, global tenderness about the lumbar spine. The worker has been diagnosed of multilevel disc bulge, lumbar spine; rule out right lower extremity radiculopathy; degenerative disc disease and disc herniation, Lumbar spine L5-S1. The utilization reviewer denied the request for urine toxicological screen due to non-documentation of the medications the injured worker has been using, and for not receiving the requested information as at the time of the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Urine Toxicology Screens..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 01/09/2014. The medical records provided indicate the diagnosis has been diagnosed of degenerative disc disease

and disc herniation, Lumbar spine L5-S1. Treatments were not specified. The medical records provided for review do not indicate a medical necessity for Urine Toxicology Screen. The MTUS does not recommend. Therefore, this request is not medically necessary.