

<b>Case Number:</b>	CM14-0208285		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	03/02/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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: Pennsylvania, Ohio, California  
 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:

This patient's diagnoses include low back pain, lumbar spondylosis, thoracolumbar spine degeneration, lumbar radiculitis, lumbar stenosis, and lumbar radiculopathy at L4, L5, and S1. The current independent medical review request references a utilization review under appeal of 11/19/2014. The underlying physician notes supporting or discussed in that utilization review are not available. That review discusses a treating physician note which is not currently available and which on 11/03/2014 discussed the patient's treatment for chronic low back pain without radiation and with a history of bilateral medial branch blocks on 10/17/2014. That physician review concluded that a urine toxicology request was not medically necessary. Previously on 03/10/2014, the treating physician submitted a urine toxicology review regarding a urine screen of 02/25/2014. No aberrant behavior was detected at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Urine toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on drug testing states that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The available medical records are limited at this time. At this time the records do not provide a rationale as to why urine toxicology screening would be indicated nor at what frequency this would be indicated or what risk factors might exist for aberrant behavior. For these multiple reasons, this request is not medically necessary.