

<b>Case Number:</b>	CM15-0104154		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	09/13/2000
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 72 year old male, who sustained an industrial injury on September 13, 2000. He reported severe pain in his lower back. The injured worker was diagnosed as having lumbar sprain and strain, degeneration of lumbar or lumbosacral intervertebral disc, unspecified backache and thoracic sprain and strain. Treatment to date has included diagnostic studies and medications. On June 24, 2015, the injured worker complained of low back pain with radiation down the lower extremities, intermittent numbness and tingling in his thighs and calves and intermittent weakness of his ankles. He also reported not being able to cross his right leg over his left knee. He requires a cane to assist with ambulation. Physical examination of the back revealed tenderness over the right sciatic notch. He was able to fully flex but extension was limited to 15 degrees. Right lateral rotation was 20 degrees and left lateral rotation was 40 degrees. The treatment plan included an epidural injection, medications and a follow-up visit. On April 30, 2015, Utilization Review non-certified the request for urine drug screen for symptoms related to lumbar spine as outpatient and DNA medication kit for symptoms related to lumbar spine as outpatient, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 lab tests:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches and Functional Restoration Approach to Chronic Pain Management Page(s): 6 and 8.

**Decision rationale:** 2 lab tests are not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. Without clarification on this request of specific lab tests and the rationale for these tests in the documentation this request cannot be certified as medically necessary and therefore is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids, steps to avoid misuse/addiction Page(s): 43 and 94.

**Decision rationale:** Urine drug screen is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends urine drug screens while on opioids to assess for the use or the presence of illegal drugs. The ODG states that urine drug tests can be recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances while on opioids. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation is not clear on how many prior urine drug screens the patient has had in the past. The documentation reveals that opioids are not medically appropriate for this patient without continued functional improvement therefore the request for urine drug screening is not medically necessary.

**DNA medication kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)-Cytokine DNA testing.

**Decision rationale:** DNA medication kit is not medically necessary per the MTUS and the ODG Guidelines. The guidelines state that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation does not indicate extenuating circumstances that would require going against guideline recommendations. The request for DNA medication kit is not medically necessary.