

<b>Case Number:</b>	CM15-0131047		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male who sustained an industrial /work injury on 3/19/08. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbago, thoro-lumbosacral neuritis, stenosis at L5-S1, and left lower extremity radiculopathy. Treatment to date includes medication, diagnostics, lumbar epidural injection on 8/21/14, surgery (L4-5 laminectomy on 2/16/10), and electrical nerve stimulator. MRI results were reported on 3/3/11 that noted degenerative disc disease at L4-5, diffuse disc bulging. Currently, the injured worker complained of intermittent mild lower extremity symptoms. Electrical stimulator has been beneficial in reducing muscle spasms and able to walk for up to an hour and 15 minutes a day. Per the primary physician's report (PR-2) on 6/10/15, exam noted normal gait, well healed midline scar to lumbar area, flexion at 55 degrees/extension at 25 degrees/left and right lateral flexion at 25 degrees, sensory exam is intact, and patellar and Achilles reflexes are absent bilaterally. The requested treatments include Urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, the injured worker is stated in the available documentation to be at a low risk for abuse, therefore, the request for urine drug screen QTY: 1.00 is determined to not be medically necessary.