

<b>Case Number:</b>	CM15-0141897		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/21/2000
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 45 year old male with a May 21, 2000 date of injury. A progress note dated June 22, 2015 documents subjective complaints (persistent lower back pain and bilateral leg pain; mostly lateral and distal leg pain), objective findings (restricted range of motion of the lumbar spine due to pain; palpation of paravertebral muscles shows hypertonicity, spasm and tenderness on both side; straight leg raising test is positive on both sides), and current diagnoses (lumbar radiculopathy; lower back pain). Treatments to date have included electromyogram-nerve conduction study (May of 2012; showed bilateral L5 radiculopathy), magnetic resonance imaging of the lumbar spine (shows asymmetric L4-5 disc disease-protrusion), medications, physical therapy, and epidural injection. The treating physician requested authorization for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one urine drug test is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar radiculopathy; low back pain; lumbago; neuralgia, neuritis and radiculitis NOS; and adjustment disorder. Date injury is May 21, 2000. The request for authorization is June 22, 2015. The utilization review provider initiated a peer-to-peer conference call with the treating provider. A urine drug toxicology screen was performed May 20, 2015 that was consistent. The treating provider indicated they repeat urine drug screen request was an error. Subjectively, the injured worker's complaints included neck and low back pain with pain score of 6-7/10. Objectively, there was tenderness in the left piriformis, thoracic and lumbar power vertebral muscle groups. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and a peer-to-peer conference call indicating the request for one urine drug test was in error, one urine drug test is not medically necessary.