

<b>Case Number:</b>	CM15-0023326		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on August 29, 2011. The diagnoses have included microdiscectomy and inguinal area pain. A progress note dated December 3, 2014 provided the injured worker complains of low back pain rated 4/10 and radiates to both legs and feet. He reports numbness, tingling and weakness. His hernia pain is rated 6/10. He reports 90% improvement after microdiscectomy and is currently receiving physical therapy treatment. Tylenol#3 is utilized for pain relief. On January 8, 2015, utilization review non-certified a request for retrospective request for final confirmation of urine drug test results. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 5, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Final Confirmation of Urine Drug Test Results: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids Page(s): 43, 90. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing (UDT).

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

**Decision rationale:** MTUS discusses urine drug testing to assess for the use or presence of illegal drugs. Without documentation of an inconsistency or concern with initial point-of-contact drug testing, the records and guidelines do not provide a rationale for additional confirmatory testing. Therefore, this request is not medically necessary.