

<b>Case Number:</b>	CM15-0082405		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 46-year-old male, who sustained an industrial injury on 5/21/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar discogenic pain, intervertebral disc disorder with myelopathy, lumbago and status post microdiscectomy in 2012. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/23/2015, the injured worker complains of low back pain that radiates to the left lower extremity. The treating physician is requesting retrospective urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (Unknown DOS) 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 Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

**Decision rationale:** Retrospective (Unknown DOS) Urine Drug Screen is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that urine drug testing (UDT) is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The MTUS recommends urine drug screens as an option to assess for the use or the presence of illegal drugs. The request for retrospective (unknown DOS) urine drug screen is not medically necessary. The documentation does not indicate high risk or aberrant behavior. The date of service for this urine drug test is not specified. For these entire reasons urine drug test is not medically necessary.