

<b>Case Number:</b>	CM15-0233775		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	12/27/2002
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female who sustained an industrial injury on 12-27-02. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for post-laminectomy syndrome. Medical records dated 9-4-15 indicate pain rated at 8 out of 10. Provider documentation dated 9-23-15 noted the work status as permanent and stationary. Treatment has included status post L5-S1 fusion, status post permanent spinal cord stimulator implantation, Suboxone, Lyrica, home exercise program, and electrodiagnostic studies. Objective findings dated 10-28-15 were notable for "forward decompensated lumbar stance with diffuse lumbar spine tenderness". Provider documentation dated 9-23-15 noted the urine drug testing was "consistent with her use of Suboxone". The original utilization review (11-16-15) denied a request for Retrospective: 1 urine drug test qualitative point of care qualitative test and quantitative (2 units) (DOS 9-23-2015) and Retrospective: 1 palliative trigger point injection (DOS 9-23-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: 1 urine drug test qualitative point of care qualitative test and quantitative (2 units) (DOS 9/23/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (Chronic) - Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, dealing with misuse & addiction.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

**Retrospective: 1 palliative trigger point injection (DOS 9/23/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 90.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In addition, the ODG guideline recommend injections for those with a twitch response and myofascial pain. The notes did not specify this information. Therefore the request for lumbar trigger point injection is not medically necessary.