

<b>Case Number:</b>	CM14-0127282		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/20/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 37-year-old gentleman who was reportedly injured on January 20, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 14, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated an antalgic gait with the assistance of a cane. There was tenderness over the lumbar spine paraspinal muscles, decreased lumbar spine range of motion, and a positive left-sided straight leg raise test at 45. There was decreased sensation at the left L5 dermatome and weakness of the left tibialis anterior, peroneus longus/brevis, and extensor hallucis longus. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine fusion at L5 - S1, physical therapy and oral medications. A request was made for 4 urine drug screens per year and was not certified in the pre-authorization process on July 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Urine drug screens per year, between 7/14/2014 and 7/25/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain (Chronic).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for 4 urine drug screens per year is not medically necessary.