

<b>Case Number:</b>	CM14-0134269		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Preventive Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 37-year-old male with a 7/1/13 date of injury. At the time (8/6/14) of the Decision for Urine Toxicology and Spine Consultation, there is documentation of subjective (low back pain radiating to right leg with numbness and left shoulder/neck pain) and objective (tenderness to palpation over lumbar spine and right side positive straight leg raise) findings, imaging findings (reported MRI of lumbar spine (date unspecified) revealed disc herniations at L4-5 and L5-S1 levels), current diagnoses (lumbar spine disc herniation and left shoulder rotator cuff tear), and treatment to date (physical therapy, intra-articular cortisone injection, and medications (including ongoing treatment with Hydrocodone/APAP)). Medical reports identify that urine drug screening is helpful to monitor patient's true compliance in pain management. In addition, medical reports identify spine specialist consult for lumbar spine and that patient is unable to work or do physical therapy due to too much of pain. Regarding Urine Toxicology, there is no documentation of abuse, addiction, or poor pain control. Regarding Spine Consultation, there is no documentation of persistent, severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. In addition, there is no documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Pain Chapter; Urine drug testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation and left shoulder rotator cuff tear. In addition, there is documentation of ongoing treatment with opioids. However, despite documentation that urine toxicology is helpful to monitor true compliance in pain management, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine Toxicology is not medically necessary.

**Spine Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations (regarding referrals) Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305--306.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms: clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of lumbar spine disc herniation and left shoulder rotator cuff tear. In addition, there is documentation of spine specialist consultation for lumbar spine. Furthermore, given documentation that patient is unable to work or do any physical therapy, there is documentation of activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. However, despite documentation of subjective (low back pain radiating to right leg with numbness) findings, there is no documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. In addition, there is no documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion. Therefore, based on

guidelines and a review of the evidence, the request for Orthopedic Spine Consultation is not medically necessary.