

<b>Case Number:</b>	CM14-0027694		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/23/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 and 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 46-year-old female who was reportedly injured on 12/23/2011. The mechanism of injury was listed as a low back injury while working as a caregiver. The most recent progress note, dated 6/11/2014, indicated that there were ongoing complaints of back pain. Physical examination demonstrated tenderness at L4-L5, L5-S1 and bilateral posterior superior iliac spine. Lumbar range of motion: Flexion 25, extension 20, lateral flexion 25, lateral rotation 35; positive straight leg raise; decreased sensation to left medial calf; 4/5 motor strength in the quadriceps, hamstrings, extensor hallucis longus and gastrocnemius bilaterally; knee/ankle jerks 1+ bilaterally; slow antalgic gait. Diagnoses: Lumbar strain, lumbar degenerative disk disease and myofascial pain. Previous treatment included chiropractic, physical therapy, lumbar epidural steroid injections and medications to include Norco, Motrin, Zantac, Cymbalta, Prilosec and Flexeril. A request was made for retrospective urine drug screening (date of service-12/9/13) and was not certified in the utilization review on 1/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Urine Drug Screening ( DOS 12/9/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Drug testing Page(s): , page 43 of 127.

**Decision rationale:** 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 is not considered medically necessary.