

<b>Case Number:</b>	CM14-0092625		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/02/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on 1/2/2011. The mechanism of injury was noted as office work. The most recent progress note, dated 1/16/2014, indicated that there were ongoing complaints of neck, shoulder and back pains. Physical examination demonstrated redness and 3+ tenderness to the thoracic and lumbar spine. Thoracic range motion was moderately limited due to pain in all planes. Straight leg raising test was positive, which elicited pain. Bilateral wrist range motion was moderately limited due to pain in all planes. MRI of the cervical and lumbar spine, dated 10/10/2013, revealed cervical/lumbar muscular spasm and minimal multilevel spondylosis, 2 mm to 3 mm posterior disk protrusions that indent the anterior thecal sac at C3-C4, C4-C5, C5-C6 and C6-C7. EMG/NCV study, dated 10/31/2013, demonstrated a mild right median sensory neuropathy at the wrist and mild left tibial motor neuropathy at the ankle. LUE/RLE NCS was normal and EMG of the upper/lower extremities was normal. Previous treatment included trigger point impedance imaging and NSAIDs. A request had been made for urine drug screen, which was not certified in the utilization review on 5/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Page(s): 43.

**Decision rationale:** MTUS treatment 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.