

<b>Case Number:</b>	CM14-0218365		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 25 year old female who sustained a work related injury June 29, 2013. Past surgical history includes s/p right L5-S1 laminoforaminotomy April 2014 and gastric bypass (unknown date). On September 26, 2014 the injured worker underwent right L4 L5 medial branch block with a diagnosis of L5-S1 degenerative disk disease. According to a primary treating physician's report dated December 9, 2014, the injured worker presented for re-evaluation for continued back pain but no distal radicular pain. Physical examination reveals she is guarded with straight leg raise on the right causing back pain, not leg pain. Motor examination is normal in the lower extremities. MRI dated November 13, 2014, was reviewed and there is a minimal disk bulge at L3-4; broad based right sided disk bulge L4-5 and right sided laminotomy defect. Impression is documented as discogenic low back pain s/p L5-S1 laminoforaminotomy. The treatment plan included requests for acupuncture, urine drug screen and refill medications. Work status is documented as permanent and stationary needing vocational rehabilitation. According to utilization review performed December 18, 2014, Acupuncture and urine drug testing for immunoassay with GC/MS confirmation testing for unspecified substances is approved. The request for [REDACTED] Management Clinic is non-certified. Citing MTUS, a specific treatment to a specific provider cannot be approved and therefore, the request for evaluation at a specific clinic is not medically necessary. The request for Urine Drug Testing QTY: 1 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**management clinic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

**Decision rationale:** The patient continues to have complaints of chronic low back pain. The current request is for Management Clinic. According to MTUS guidelines, Functional Restoration Programs are recommended when the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the available records do not discuss baseline functional testing for the purpose of demonstrating functional improvement. There is no discussion that indicates the patient has lost the ability to function independently due to her chronic pain. There is no discussion that the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. The negative predictors of success have also not been addressed. For this reason the request is not supported by the MTUS guidelines and as such, the request is not medically necessary.

**Urine drug testing:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine Drug Testing

**Decision rationale:** The patient continues to have complaints of chronic low back pain. The current request is for Urine Drug Screen testing. The treating physician indicates he would like to demonstrate compliance at her follow up visit in three months. The ODG guidelines state that urine drug testing is recommended as a tool to monitor compliance with controlled substances, identify use of undisclosed substance and uncover diversion of prescribed substances. Urinary Drug Testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Patients at "low risk"

of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients of "moderate risk" of addiction/aberrant behavior are recommended for point-of-contact screening 2-3 times per year. Patients at "high risk" for adverse outcomes may require testing as often as 1x/month. The current request is supported by current guidelines and as such, the request is medically necessary.