

<b>Case Number:</b>	CM15-0108107		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 male, who sustained an industrial injury on March 13, 2014. He reported low back pain after falling in a trench. The injured worker was diagnosed as having lumbar disc herniation, lumbar radiculopathy, lumbar spine degeneration and low back pain. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications, rest and work restrictions. Currently, the injured worker complains of low back pain with numbness in bilateral feet and back pain with sexual activity. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on October 10, 2014, revealed continued pain as noted with associated symptoms. He reported decreased pain with medications and rest. He reported working with periods of off time with flare-ups of pain. Magnetic resonance imaging on May 28, 2014 was noted during the evaluation to revealed extensive degenerative changes and a large disc extrusion at the lumbar 3-4 level. He reported decreased pain with interlaminar epidural steroid injections. He also reported previous steroid taper was beneficial in pain reductions. Evaluation on March 27, 2015, revealed continued pain. A urinary drug screen and a blood test were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 blood test:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: acute phase reactants, Approach to the patient with abnormal liver biochemical and function test, assessment of kidney function.

**Decision rationale:** This injured worker has a history of chronic back pain. The worker had no cardiac, hepatic or esophageal symptoms documented. There were no historical or exam findings for toxicity or side effects of medications. He has no history of thyroid disease, anemia, arthritis, osteoporosis, liver or kidney disease. There is no documentation of issues with compliance with medications or dosage and no symptoms of any toxicity. The records do not substantiate the medical necessity of the blood work.

**1 urine POC drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction; Opioids, red flags for addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 43,77,78.

**Decision rationale:** Per the guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction. The medical necessity of a urine drug screen is not substantiated in the records.