

<b>Case Number:</b>	CM15-0013704		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43 year old male who sustained a work related injury August 20, 2013. While moving furniture on a dolly it shifted and he held onto the furniture with his arm causing pain in his neck. He had been treated with medications and an epidural injection. An MRI (report present in the medical record) dated November 1, 2014, reveals small hemangiomas at T6, T8, and T11 vertebral bodies; there are disc protrusions at C7-T1, T1-T2, and T3-T4; there is congenital spinal canal stenosis. A procedure note, dated November 18, 2014, reveals the injured worker underwent an epidural at C7-T1 under fluoroscopy with the diagnoses of cervical disk protrusion with radiculopathy and chronic pain syndrome. According to utilization review dated January 7, 2015, the request for Urine Drug Testing (UDS) performed 12/10/2014 is non-certified, citing ODG (Official Disability Guidelines).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 12/10/14 Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Urine Drug Screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78 of 127..

**Decision rationale:** The California MTUS 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. The UR physician cited a lack of documentation of high-risk behavior, previous abuse or misuse of medications as rationale for why the request is not considered medically necessary. However, I respectfully disagree as the guidelines support its use with poor pain control as noted above, making the request medically necessary.