

<b>Case Number:</b>	CM15-0113068		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/10/1999
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 70-year-old male, who sustained an industrial injury on February 10, 1999. Treatment to date has included medications and home exercise program. Currently, the injured worker complains of increased low back pain. He rates his pain level a 7-8 on a 10-point scale and ambulates with a cane. He reports no new pain and reports no changes since November 20, 2014. He notes that the pain radiates into the lumbar back, the hip, the posterior thigh, and the calf and heel bilaterally and describes a burning sensation. On physical examination, the injured worker has decreased thoracolumbar spine muscle strength and reports moderate to severe loss of motion of L3-L5. He reports worsening tenderness and pain of the lumbar spine. Straight leg raise testing was positive bilaterally. He exhibited an antalgic gait and had limited range of motion. The diagnoses include pain in the lower leg joint, long-term use of medications and lumbosacral spondylosis without myelopathy. The treatment plan includes Ultram, Celebrex, and Prilosec, Reglan, Cyclobenzaprine, urine drug screen and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Active/Medicated Specimen Collection:** 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 <http://medlibrary.org/lib/rx/meds/active-medicated-specimen-collection-kit-1/>.

**Decision rationale:** The injured worker sustained a work related injury on February 10, 1999. The medical records provided indicate the diagnosis of pain in the lower leg joint, long-term use of medications and lumbosacral spondylosis without myelopathy. Treatments have included medications and home exercises program. The medical records provided for review do not indicate a medical necessity for Active/Medicated Specimen Collection. There were no appropriate guidelines to use: MTUS, Official Disability Guidelines, Medscape, and the National Guidelines clearing House are all silent on the topic, so is the PUBMED. The medical records do not indicate the intended specimen and the purpose for collecting specimen. Medlibrary.org states Active Medicated specimen collection kit is a urine specimen collection kit by [REDACTED]. This request is not medically necessary.