

<b>Case Number:</b>	CM15-0116790		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/15/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 47-year-old female with an industrial injury dated 10/15/2014. The mechanism of injury is documented as reaching out of the bus to close a compartment while she was driving. Her diagnoses included herniated nucleus pulposus with spinal stenosis at lumbar 4-5 and lumbar 5-sacral 1 and lumbar strain. Prior treatment included physical therapy, "prednisone burst", acupuncture and home exercise program. She presents on 05/06/2015 with complaints of lower back pain and bilateral lower extremity numbness and tingling. Physical exam revealed positive straight leg raising bilaterally with decreased sensation bilateral lumbar 5 and sacral 1. Treatment plan included medications, lumbar epidural steroid injection, and urine drug screen. Work status was modified. The treatment request is for full panel drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Full panel drug screen Qty 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The full panel requested entails the urine drug screen. Based on the above references and clinical history a urine toxicology screen is not medically necessary.