

<b>Case Number:</b>	CM15-0129674		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69 year old female with an industrial injury dated 05/03/2013. The injury is documented as occurring when she hit her left foot and ankle on a door. Her diagnoses included cervical disc protrusion, cervical sprain/strain, right carpal sprain/strain, left carpal sprain/strain and right knee sprain/strain and left knee sprain/strain. Prior treatment included physical therapy and acupuncture, injections into the neck and injection into the back, and diagnostics. She presents on 05/23/2015 with dull neck pain, right wrist pain, left wrist pain and bilateral knee pain. Physical examination of the cervical spine noted painful range of motion with tenderness of the cervical paravertebral muscles. Cervical distraction caused pain. There was tenderness to palpation of bilateral wrist with positive grind test. There was tenderness to bilateral knees. The treatment request is for urine analysis testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Analysis Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Analysis Testing is not medically necessary.