

<b>Case Number:</b>	CM15-0048441		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 32-year-old female who sustained an industrial injury on 10/29/13. The injured worker reported symptoms in the back and bilateral knees. The injured worker was diagnosed as having disc herniation of the lumbar spine at the L4-5 level. Treatments to date have included opioid analgesic, muscle relaxant, topical analgesic cream, hot and cold packs, lumbar support, knee brace, activity modification, and nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the back and lower extremities. The plan of care was for diagnostics, consultations, urine drug screen and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective: 1 Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant is more than one-year status post work-related injury and continues to be treated for chronic bilateral knee pain. In January 2014, Tramadol was being prescribed. In August, she was not taking any opioid medication and treatment with opioids was not being planned. Urine drug screening at that time was negative. When seen by the requesting provider, she had complaints and physical examination consistent with meniscal pathology bilaterally. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the claimant is not taking an opioid medication and prior urine drug testing was negative for other drugs / substances. Therefore, this request for urine drug screening was not medically necessary.

**Prospective: 1 MRI Bilateral Knees:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

**Decision rationale:** The claimant is more than one-year status post work-related injury and continues to be treated for chronic bilateral knee pain. In January 2014, Tramadol was being prescribed. In August, she was not taking any opioid medication and treatment with opioids was not being planned. Urine drug screening at that time was negative. When seen by the requesting provider, she had complaints and physical examination consistent with meniscal pathology bilaterally. Knee x-rays were reviewed. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are nondiagnostic and further study is clinically indicated. In this case, x-rays showed findings of patellofemoral disease but clinically, the claimant has symptoms and physical examination findings consistent with meniscal pathology. Further study was indicated. Therefore, MRI scanning of the knees was medically necessary.