

<b>Case Number:</b>	CM15-0076175		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	04/06/2001
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

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 74 year old female, who sustained an industrial injury on April 6, 2001. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical spine disc syndrome with strain-sprain disorder and radiculopathy, thoracic spine disc syndrome with strain-sprain disorder and radiculopathy, and chronic pain syndrome with idiopathic insomnia. Diagnostics to date has included urine drug screening. Treatment to date has included oral pain, topical pain, topical non-steroidal anti-inflammatory, muscle relaxant, sleep, and proton pump inhibitor medications. On March 5, 2015, the injured worker complains of neck and midback sharp, stabbing pain, stiffness, weakness, numbness, paresthesia, and generalized discomfort. Her treatment response is good, but partial. The physical exam revealed decreased cervical and thoracic spine range of motion in all planes, decreased sensation and strength in the bilateral cervical 6 nerve roots distribution, tender and painful bilateral cervical and thoracic paraspinal muscular spasms, absent bilateral biceps deep tendon reflexes, and decreased sensation in the thoracic 4 nerve roots distribution. The treatment plan includes a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug screen Page(s): 43.

**Decision rationale:** Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records, there is no documentation of any of the above and previous drug screens were positive. Therefore, the request is not medically necessary.