

<b>Case Number:</b>	CM15-0097807		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Texas, 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 60 year old female, who sustained an industrial injury on 1/14/13. She has reported initial complaints of a slip and fall on a wet floor causing low back pain. The diagnoses have included lumbago and lumbosacral neuritis. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection (ESI) times five, activity modifications, acupuncture, and physical therapy. Currently, as per the physician progress note dated 4/29/15, the injured worker complains of low back pain that is severe and constant and the injured worker states that the pain level rarely goes down. He states that the medications help some but the pain travels to the bilateral thighs and legs with radiation, numbness and tingling. The objective findings reveal lumbar spine spasm, tenderness to touch/palpation in the lumbar area, weakness of the bilateral lower extremities and decreased range of motion in the lumbar spine. The physician noted a positive Yeoman's sign, positive straight leg raise bilaterally, positive milligrams sign, positive Kemps sign and toe/heel walk is intact with pain noted. The pain is rated 9/10 on pain scale. He also complains of headaches, dizziness, difficulty sleeping, anxiety and depression. It is noted that the injured worker cannot recall the name of the pain medications but takes Metformin, Aspirin and cholesterol medications. The current medication list was not specified in the records provided. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/26/15. The urine drug screen dated 3/25/15 revealed that none of the analysis tested were detected. The physician requested treatment included Outpatient Urine Toxicology.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Outpatient Urine Toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines Page 43 Drug testing.

**Decision rationale:** Request: Outpatient Urine Toxicology. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medication list contains Metformin, Aspirin and cholesterol medications. The current medication list was not specified in the records provided. Whether patient is taking any opioid medication or not is not specified in the records provided. Any history of substance abuse was not specified in the records provided. The medical necessity of the request for Outpatient Urine Toxicology is not fully established in this patient. Therefore, the request for Outpatient Urine Toxicology is not medically necessary.