

Case Number:	CM13-0034726		
Date Assigned:	12/11/2013	Date of Injury:	02/19/2004
Decision Date:	02/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70 year old male with a date of injury of 2/19/04. The mechanism of injury is not listed. The patient has pain in the lower back with persistent weakness in the lower extremities, difficulty with prolonged sitting, standing and walking, status post lumbar spine fusion, with discomfort that increases with activity. His diagnoses include status post laminectomy and interbody fusion with posterolateral fusion, L3/4 and L4/5. The medical report dated 8/14/13 by [REDACTED] revealed that this patient reports pain in the lower back with persistent weakness in the lower extremities, difficulty with prolonged sitting, standing and walking. He is pending approval for a hardware block for painful retained hardware status post lumbar spine fusion. There was swelling and inflammation in his back that increases with activity; the patient is miserable with pain. He reports an increase in pain due to the change in medication and the lack of access to a TENS unit. Examination shows well-healed posterior lumbar incision, tenderness over the bilateral paravertebral muscles, left more than right, reduced motion, slow and antalgic gait, pain at end ranges, tenderness over the bilateral pedicle screw region, weakness against extension, and he is unable to accomplish heel to toe walking without severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Stim 5.0 unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The Pro-Stim 5.0 unit prescribed for this patient is a multi-modality unit containing neuromuscular electrical stimulation, as well as interferential current therapy. Neuromuscular electrical stimulation (NMES) is specifically not recommended in the California MTUS. NMES is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. Therefore the request for one Pro-Stim 5.0 is not medically necessary.

urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43,77,85-89.

Decision rationale: This patient is prescribed the Norco to assist in management of his chronic pain. The current evidence based literature indicates that chronic pain patients who are not at a high risk of abuse or misuse require up to two urine drug toxicology screens per year provided on a random basis to ensure appropriate use. According to evidence presented, this patient underwent a urine drug screen on 7/14/13, one month prior to the urine drug screen performed on 8/14/13. Documents submitted do not reflect any aberrant drug taking behaviors or confirm abnormal findings from previous drug testing which may place this patient at a high risk of abuse or misuse. Considering the fact that this patient is not at a high risk for abuse or misuse of the current opiate regimen, and considering the fact that a urine drug screen was performed one month prior to the study on 8/14/2013, this urine drug screen was not medically necessary.