

Case Number:	CM13-0047693		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2013
Decision Date:	02/18/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; lumbar medial branch block; transfer of care to and from various providers in various specialties; MRI imaging of the lumbar spine of September 20, 2013, notable for 3 mm disk protrusion at T12-L1; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 29, 2013, the claims administrator partially certified a 10-panel random urine drug screen with confirmatory testing to be performed only on inconsistent test results. The claims administrator also certified a lumbar medial branch block and denied a 30-day trial of an electrical muscle stimulator unit. Both the applicant's attorney and the attending provider appealed. The attending provider states that he objects to the 10-panel partial certification issued by the claims administrator. An earlier handwritten note of October 15, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant is off of work, on total temporary disability. Lumbar rhizotomy procedures were sought. The applicant was issued multiple medication refills, including that of tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, an attending provider should attach the applicant's complete medication list along the list I request of those drug tests and/or drug panels which he is testing for along with the request for authorization for urine drug testing. In this case, however, the attending provider did not attach the applicant's complete medication list to the request for authorization for drug testing. The attending provider did not furnish the applicant's medication list on any recent progress notes provided. Many of the progress notes provided were handwritten and not entirely legible. It is further noted that the attending provider did not clearly state which drug tests and/or drug panels which he in fact intended to test for. For all these reasons, then, the request is not certified, on independent medical review.

30 day trial electrical muscle stim unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices Page(s): 121.

Decision rationale: Electrical muscle stimulation (EMS) is a form of neuromuscular stimulation (NMES). As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, however, neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context. It is not recommended in the treatment of chronic pain, as is seemingly present here. It is further noted that the claims administrator did certify a request for lumbar medial branch blocks. It will be more appropriate to gauge the applicant's response to the same as opposed to pursuing multiple modalities in parallel. For all of these reasons, then, the request remains non-certified, on independent medical review, principally owing to the unfavorable guideline recommendation.