

Case Number:	CM13-0072273		
Date Assigned:	01/17/2014	Date of Injury:	09/26/2007
Decision Date:	04/24/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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 29 year-old male with a 9/26/07 industrial injury claim. He has been diagnosed with lumbar disc disorder at L4/5; lumbar sprain/strain, hypertension, and insomnia. According to the 10/16/13 family practice report by [REDACTED], the patient presents with unchanged low back pain with limited range of motion. He requests a urine drug test, and unspecified medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

A MULTI-STIM UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient has low back pain and limited motion. The request is for a multi-stim unit that contains TENS. The MTUS guidelines have some support for TENS for neuropathic pain, spasticity, MS, or complex regional pain syndrome. The reporting does not show any of these types of pain or conditions. The MTUS also requires evidence that other

appropriate pain modalities, including medications, have been tried and failed. There is no discussion on prior modalities or medications. Finally, there should be improvement with a one-month trial, and there is no mention of a trial. The request for the multi-stim unit with TENS is not in accordance with MTUS guidelines. The request is noncertified.

A HOT AND COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: The patient has back pain and limited motion. The MTUS and Official Disability Guidelines do not discuss hot/cold therapy units for lower back conditions, but the Aetna clinical policy guidelines state that these devices are considered experimental because there is no evidence that they provide any benefit over hot/cold packs. As such, the request is noncertified.

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The patient presents with low back pain. The physician requested a urine drug test, but did not discuss what medications the patient was taking, or discuss whether he was above low-risk for aberrant drug behavior. The records show that the patient had prior urine drug testing on 2/6/13, 3/6/13, 4/3/13, 5/8/13, 6/5/13, 7/10/13, 8/7/13, 10/16/13, and 11/13/13. The issue appears to be the frequency of urine drug testing. The MTUS does not specifically discuss the frequency that urine drug testing should be performed. The Official Disability Guidelines are more specific on the topic, stating that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. There is no mention of the patient being at high, medium, or low risk. Based on a lack of this information, further urine drug testing cannot be recommended. The request is noncertified.