

Case Number:	CM14-0102129		
Date Assigned:	09/16/2014	Date of Injury:	01/24/2012
Decision Date:	10/15/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 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:

According to the records made available for review, this is a 45-year-old female with a 1/24/12 date of injury. At the time (2/6/14) of the request for authorization for retro 02/06/2014 urine drug screen and conductive left knee sleeve, there is documentation of subjective (lumbar spine pain radiating to bilateral buttocks/lower extremities, the rest is illegible due to handwritten note) and objective (bilateral shoulder increased sensitivity to left upper extremity, tenderness to palpation (illegible), slow gait, positive straight leg raise, decreased active range of motion thoracic and lumbar spine, decreased sensory (illegible) L4-S1 dermatomes, left knee tenderness to palpation patellofemoral, positive crepitus, the rest is illegible due to handwritten note) findings, current diagnoses (status post left shoulder scope, thoracic/lumbar spine sprain/strain with bilateral lower extremity radiculopathy, and left knee (illegible)), and treatment to date (medication including opioids). Medical reports identify a request for an interferential stimulator for the left knee. Regarding retro 02/06/2014 urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 02/06/2014 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder scope, thoracic/lumbar spine sprain/strain with bilateral lower extremity radiculopathy, and left knee (illegible). In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Retro 02/06/2014 Urine Drug Screen is not medically necessary.

Conductive Left Knee Sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Therefore, based on guidelines and a review of the evidence, the request for Conductive Left Knee Sleeve is not medically necessary.