

<b>Case Number:</b>	CM14-0011316		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 42-year-old female who sustained an injury to her low back on 07/01/09. The mechanism of injury was not documented. A MRI the lumbar spine dated 10/14/13 revealed mild left foraminal narrowing at L4-5 due to a 5.0 mm herniated disc with no definite nerve root compression and post operative changes. A clinical note dated 12/17/13 reported that the injured worker presented with sharp, stabbing, soreness the low back with associated numbness down the right leg. Treatment to date has consisted of L4-5 microdiscectomy and microdecompression dated 03/26/10 with a second procedure dated 03/26/10, EMG/NCS and physical therapy. A 10/22/13 urine drug test was negative. Medications included Soma and Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **URINARY DRUG TESTING WITH NEXT MD VISIT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine drug testing (UDT)

**Decision rationale:** The request for urinary drug testing with next medical doctor visit is not medically necessary. The previous request was denied on the basis that there was no mention that the injured worker was enrolled in a written opioid pain treatment agreement and there was no documentation that this injured worker was taking controlled medications. A 10/22/13 urine drug test was negative for illicit substances. Medications included Soma and Vicodin. There was no information provided that would indicate the injured worker has a history of substance abuse or has misused prescription medications in the past. There was no indication that the injured worker is at risk, as there were no significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for urinary drug testing with next medical doctor visit has not been established based on the Official Disability Guidelines (ODG). Therefore, the request for Urinary Drug Testing with next MD visit is not medically necessary and appropriate

**X-FORCE MUSCLE STIMULATOR UNIT FOR LOW BACK - PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for X-force muscle stimulator unit for low back - purchase is not medically necessary. The previous request was denied on the basis that there was no mention of benefit from prior electrostimulation treatment in the setting of formal physical therapy and that the Chronic Pain Medical Treatment Guidelines do not support muscle stimulator treatment as an isolated intervention in the absence of a functional-based treatment program. The Chronic Pain Medical Treatment Guidelines state that while TENS unit use may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for X-force muscle stimulator unit for low back - purchase has not been established. Therefore, the request for purchase of X-force muscle stimulator unit for low back is not medically necessary and appropriate.