

<b>Case Number:</b>	CM14-0120990		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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:

This 55 year old patient had a date of injury on 6/20/2006. The mechanism of injury was not noted. In a progress note dated 12/19/2012, subjective findings included ongoing back pain and right knee pain, which is unchanged. In a physical exam dated 12/19/2012, objective findings included decreased sensation in bilateral lower extremities along S1 nerve root distributions. Diagnostic impression shows status post right knee arthroscopy in 2011, depression, left knee patellofemoral arthralgia Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 7/23/2014 denied the request for hot/cold unit(through [REDACTED]), stating no evidence to demonstrate increased safety or efficacy over conventional hot/cold packs. Urine drug screen (through [REDACTED]) was denied, stating no documentation he has abused or been addicted to medications, and he was certified for a drug screen on 6/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Hot/ Cold Unit (Through [REDACTED]): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS supports passive heat and cold therapy to reduce inflammation and increase blood supply. However, MTUS does not support the use of heat/cold therapy units with mechanically circulating pumps. In the reports viewed, there were no recent progress reports since 2013 located. A recent progress report would need to be evaluated in order to substantiate the request for 1 hot/cold unit. Therefore, the request for 1 hot/cold unit (through [REDACTED]) is not medically necessary.

**1 Urine Drug Screen (Through [REDACTED]):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 222-238.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the reports viewed, there were no recent progress reports available for review since 2013. A recent progress report would need to be evaluated to substantiate a request for a urine drug screen. Therefore, the request for urine drug screen (through [REDACTED]) is not medically necessary.