

<b>Case Number:</b>	CM14-0130144		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 52-year-old male who reported a work related injury on 04/10/2012 due to falling and landing on his back. The injured worker's diagnoses include spinal stenosis, herniated disc of the lumbar spine, and a herniated disc of the cervical spine. The injured worker's past treatment has included medication management, physical therapy, hot and cold packs, massage, epidural steroid injections and electrolytic treatment. Diagnostic studies included an x-ray performed on 04/10/2012, which revealed negative results for fractures. An MRI of the lumbar spine was performed on 10/17/2013 which revealed spondylotic change, anterior wedging of the L1 vertebral body, posterior annular tear was seen within the intervertebral disc, disc bulge at L5-S1, and moderate canal stenosis. Upon examination on 04/16/2014, the injured worker complained of neck and low back pain. Upon examination, there was pain with range of motion. The injured worker was prescribed a urine drug screen, creams, and Norco. Upon examination on 05/17/2014, the injured worker complained of headaches, neck pain, and low back pain. He had a radiating pain to the left foot. The injured worker rated his pain a 7/10 to 8/10 on the VAS pain scale. It was noted that the injured worker had an antalgic gait and he had reduced range of motion with pain. The most recent progress note dated 07/09/2014, stated the injured worker had no change in symptoms since the last doctors visit. The injured worker needed a medication refill and there were also no changes in physical examination findings. The injured worker's prescribed medications include Norco. The treatment plan consisted of a urinalysis, functional capacity evaluation, TENS unit with supplies, VitalWrap system, and cold and heat pack. The rationale for the request was not provided for review. A Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening/Toxicology Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing

**Decision rationale:** The request for a urinalysis is not medically necessary. The California MTUS recommends a urinalysis as an option, to assess for the use or the presence of illegal drugs. More specifically, The Official disability Guidelines recommend a urine drug screen to be performed once a year for low risk patients. The injured workers most recent drug screen was dated 03/05/2014 which yielded consistent results with prescribed medications. As such, there is no documentation or evidence that the injured worker is at high risk for aberrant behaviors for additional testing. Therefore, the request for a urine drug screen is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Functional Capacity Evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE)

**Decision rationale:** The request for a functional capacity evaluation is not medically necessary. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. A functional capacity evaluation is not recommended for routine use as a part of occupational rehab or screening, or genetic assessment in which the question is whether someone can do any type of job generally. A functional capacity evaluation, as an objective resource for disability measures, is an invaluable tool in the return to work process. The guidelines state to consider a functional capacity evaluation if: case management is hampered by complex issues such as, prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified jobs, inquiries that require detailed exploration of a workers ability. The guidelines state do not proceed with a functional capacity evaluation if the sole purpose is to determine a workers effort or compliance and the worker returned to work and an ergonomic assessment has not been arranged. In regards to the injured worker, there is no documentation of case management that is hampered by complex issues such as a prior unsuccessful return to work attempt, conflicting medical reporting on precautions and/or fitness for modified jobs, and any inquiries that require detailed exploration of workers ability.

**Dual Electrical Stimulator TENS/EMS w/ Supplies: Upheld**

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

**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 Dual Electrical Stimulator TENS/EMS w/ Supplies is not medically necessary. The California MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the purchase of a TENS unit includes documentation of pain of at least three months duration, evidence documented of other appropriate pain modalities that have been tried and failed including medication, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Additionally, the guidelines state a NMES is used primarily as a part of a rehabilitation program following a stroke. Within the documentation, there is no evidence to support the use of NMES for chronic pain. As such, the request for a Dual Electrical Stimulator TENS/EMS w/ Supplies is not medically necessary.

**Vital wrap System: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Heat therapy

**Decision rationale:** The request for a Vital wrap system is not medically necessary. The California MTUS/ACOEM states, at home local applications of heat or cold are as effective as those performed by a therapist. More specifically, the Official Disability Guidelines state there is moderate evidence that heat wrap therapy provides a small short term reduction of pain and disability in acute and subacute low back pain, and that the addition of exercise further reduces pain and improves function. Considering the length of time that has passed since the injury, the injury is considered a chronic condition, which the application of hot and cold treatments is not recommended in the treatment of any chronic pain conditions. As such, the request for a Vital wrap system is not medically necessary.

**Cold Pack and Heat Pack: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold/heat packs, Cold/heat packs

**Decision rationale:** The request for cold pack and heat pack is not medically necessary. The Official Disability Guidelines recommends cold and heat packs as an option for acute pain. At home apply local application of cold packs in the first few days of acute complaints; thereafter, application of heat or cold packs. In regard to the injured worker, considering the length of time that has passed since the injury, this condition is considered chronic. The application of heat and cold packs are not recommended for chronic pain. As such, the request for cold pack and heat pack is not medically necessary.