

Case Number:	CM14-0148347		
Date Assigned:	09/18/2014	Date of Injury:	03/08/2013
Decision Date:	12/22/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/12/2014

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 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:

This patient is a 49 year old female with an injury date of 3/08/13. Work status as of 10/27/14: Return to modified work with restrictions. Based on the 8/19/14 progress report by [REDACTED] this patient complains of "pain in the low back, which she rates on a pain scale at 6 out of 10." The pain is described as "constant, sharp and aching, traveling to bilateral legs down to the toes with numbness and tingling sensation, worse on the left side." Exam shows antalgic gait to the left. There is "diffuse tenderness noted over the vertebral musculature" and "moderate facet tenderness noted over the L5 to S1 levels." There is positive Fabere's/Patrick and Yeoman's tests to the left sacroiliac with a positive Kemp's test to the left sciatic nerve root area. Seated straight leg raise is 60 degrees for the left and supine straight leg raise is 50 degrees for the left. Farfan test is positive bilaterally. Current medications include: Robaxin and Motrin. Review of the 1/06/14 lumbar MRI spine did show at L2-L3, an "eight-millimeter left foraminal disc protrusion resulting in abutment of the exiting left L2 nerve root with moderate narrowing of the left neural foramen and a posterior annular tear." At L5-S1, there was a "posterior annular tear with a three-millimeter disc protrusion with effacement of the anterior thecal sac." Diagnoses for this patient are: 1. Lumbar disc disease. 2. Lumbar radiculopathy. 3. Posterior annular tear at L2-L3 and L5-S1. 4. Left sacroiliac joint arthropathy. 5. Left plantar fasciitis. The utilization review being challenged is dated 9/09/14. The UDS was deemed not medically necessary as "patient is taking only Motrin and Robaxin" with "no documentation of opioid use and the IF unit was determined not medically necessary as there is "no documentation of meeting the conditions per MTUS guidelines for IF use." The request is for urine drug screen and an interferential unit (IF) 30 day trial. The requesting provider is [REDACTED] and he has provided various reports from 4/11/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Screening for Risk of Addiction (Tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This patient presents with "6 out of 10" low back pain that extends to the bilateral legs. The physician requests a Urine Drug Screen. The MTUS guidelines recommend urine drug screening to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Per the 8/19/14 report, this patient was to undergo her first urine toxicology screening "as a random drug screening to establish a baseline and ensure compliance with her medications and to ensure that she is not taking medication from multiple sources or taking any illicit drugs." Current medications for this patient are Robaxin and Motrin. Screening to monitor this patient's compliance with pharmacological regimen or as ongoing management of this patient's use of controlled substance or opioids may be warranted. However, review of submitted medical records does not indicate this patient is exhibiting aberrant drug behaviors or is non-adherent to the medication schedule. Given there is no documentation of opioids prescribed for this patient, or misuse or abuse of controlled prescription drugs by this patient, a urine drug screen does not appear to be a medical necessity. The request is not medically necessary.

Interferential (IF) Unit 30 Day Trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy: Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with "6 out of 10" low back pain that extends to the bilateral legs. The physician requests an interferential (if) unit 30 day trial. Per MTUS guidelines, a one-month trial for the interferential units may be appropriate, if pain is ineffectively controlled to the diminished effectiveness of medications, history of substance abuse, or for significant pain from post-operative conditions. The 3/29/14 EMG/NCS study indicated normal electrodiagnostic study impressions: "All examined muscles did not reveal any electromyographic abnormality today." The patient has "failed response to 6/6 acupuncture and 18/18 chiropractic treatments" per the 5/22/14 report. According to the 7/10/14 note, patient has also "experienced some relief with a previously borrowed home unit which she can no longer use for self-guided pain control treatment." Per the 8/12/14 report, this patient is to "continue use of

bilateral foot splints" and continue "with home exercises." This patient continues to experience moderate to severe pain of the low back, in spite of ineffective pain control with various treatment modalities. Given some reported "relief with a previously borrowed home unit," a 30 day trial home use of an interferential unit would seem reasonable for this patient and in accordance with MTUS guidelines. The request is medically necessary.