MAXIMUS Federal Services

Case Number:	CM14-0151921		
Date Assigned:	09/22/2014	Date of Injury:	12/12/2012
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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:

Diagnostic studies revealed urine toxicology screening report dated 1/21/14 indicated no abnormality detected. Progress report dated August 5, 2014 indicated the patient complained of low back pain which he rated as 2-5/10. He stated that when he walks or does any activity, he experiences pain in his back. He received bilateral L4-L5 and L5-S1 transforaminal epidural injection and had 80% relief of his symptoms and improvement in daily living activities increase range of motion. Objective findings during lumbar examination revealed normal lordosis and alignment. There is diffuse tenderness with spasm over the paravertebral musculature and moderate facet tenderness over the L4-S1 spinous process. Kemp's test positive right and left and seated straight leg raise is at 70 degrees on the right and 60 degrees on the left; supine straight leg raise is at 60 degrees on the right and 50 degrees on the left. Valsalva maneuver, Dejerine triad negative right, and left, Farfan tests are positive bilaterally. Lumbar range of motion revealed lateral bending 25 degrees on the right and 23 degrees on the left; flexion at 60 degrees bilaterally and extension at 10 degrees bilaterally. The patient was diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and posterior annular tear at L4-S1.Prior utilization review dated September 9, 2014 indicated the request for Interferential unit for home use, QTY: 30 day trial and the request for Urine toxicology screening are denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit for home use,QTY: 30 day trial: Upheld

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

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

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documents did not adequately discuss the functional restoration program. It is unclear what treatment modalities will be used simultaneously with the TENS unit trial. Given the above, the request for TENS Unit is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The guidelines recommend urine drug screening to screen for substance abuse or monitoring of patients on chronic opioid therapy. In general, screening on a yearly basis is sufficient for patients on chronic opioid therapy at low risk for abuse. The clinical notes did not discuss the patient's history of aberrant behavior or risk for substance abuse. From the documents it appears the patient had a UDS in January 2014 with results consistent with medication profile. It is unclear why a UDS is being ordered sooner than the recommended interval between screenings. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.