

<b>Case Number:</b>	CM14-0046491		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Neurology, has a subspecialty in Pain 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:

A 3/4/14 note indicates pain in the back which is sharp and radiates down into thighs. Medications are motrin, flexeril, and Vicodin. The examination notes wide based gait with diffuse lumbar paravertebral tenderness. There is moderate to severe tenderness noted over the L3 to S1 levels. Epidurals, interferential therapy, and UDS was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screening:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management.

**Decision rationale:** The use of UDS is supported for periodic assessment of injured worker taking opioids to monitor for any illicit use of other substance as part of opioid mitigation plan. Therefore the request is medically necessary.

**Transcutaneous electrotherapy, interferential Current Stimulation (ICS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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) low back, interferential therapy.

**Decision rationale:** The use of interferential therapy is not supported by the Official Disability Guidelines. The medical records provided for review do not indicate any mitigating condition or findings to support use of this therapy. Therefore the request is not medically necessary.