

Case Number:	CM14-0067625		
Date Assigned:	07/11/2014	Date of Injury:	02/01/2012
Decision Date:	12/24/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

According to the records made available for review, this is a 28-year-old male with a date of injury on 02/01/2012. Documentation from 06/02/2014 indicated that the injured worker was lifting and pushing a van on a hydraulic lift while in a squatting position and noted a sharp pain to the left back that continued after the initial occurrence. Physician documentation from 03/21/2014 noted the diagnoses of 4.5 to 5mm millimeter disc protrusion at lumbar five to sacral one and documentation also noted moderate degenerative joint disease at lumbar five to sacral one. The documentation from 03/21/2014 indicated subjective findings of complaints of lower back pain that increases with lifting, bending, and stooping and was rated an eight on a scale of one to ten described as moderate, constant, dull, sharp, cramping, and worsening. Physical examination was remarkable for continued lumbar-sacral spasms, moderate muscle guarding, and increase in lower back pain with extension, and elevated blood pressure. Documentation from 03/21/2014 noted a magnetic resonance imaging performed on 11/21/2012 that was remarkable for a 4.5 to 5mm millimeter disc protrusion at lumbar five to sacral one and documentation also noted moderate degenerative joint disease at lumbar five to sacral one. Medical review from 06/02/2014 refers to a prior course of chiropractic treatment, home exercise program, back brace, pain management evaluation, electrical muscle stimulation, and medication regimen of Norco 10/325mg, Robaxin, and Lorazepam. The records reviewed did not include the dates, treatment plans, or results of chiropractic treatment. Physician urine toxicology report from 03/31/2014 noted the injured worker to be positive for Hydrocodone-dihydrocodeinone and Hydromorphone-dihydromorphinone, but negative for any other unauthorized substances. On 03/21/2014, the treating physician documented a functional benefit of the use of Norco to assist the injured work to perform activities of daily living and to help with participation of the home exercise program; however the medical records did not provide specific details of functional

improvement, improvement in work function, or in activities of daily living. Progress notes throughout medical records provided indicated the injured worker's work status to be temporarily totally disabled. On 04/23/2014, Utilization Review partially certified a ten panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results times one and non-certified an interferential unit purchase. The urine toxicology screen was partially certified based on Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines Treatment in Workers' Compensation that recommends urine testing and notes that because the injured worker was at minimal risk for medication misuse secondary to opioid use with no documentation of aberrant behavior, the injured worker was recommended for a ten panel random urine drug screen for qualitative analysis (either through point of care testing or laboratory testing) with confirmatory laboratory testing only performed on inconsistent results time one. The interferential unit purchase was non-certified based on Chronic Pain Medical Treatment Guidelines that noted interferential current stimulation(ICS) is not recommended for use alone but rather as adjunct to other recommended treatments and documentation does not indicate that the injured worker had prior use of noted interferential current stimulation along with lack of notation that interferential current stimulation was used in addition to other recommended therapies and there was no documentation of work related functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Pain Procedure Summary last updated 04/10/14

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology screening is not medically necessary.

Purchase of Interferential unit, QTY: 1: Upheld

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

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

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. Purchase of Interferential unit, QTY: 1 is not medically necessary.