

Case Number:	CM14-0074966		
Date Assigned:	07/16/2014	Date of Injury:	01/01/1983
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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 Pain and Rehabilitation 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 55-year-old female with a 1/1/83 date of injury. At the time (4/29/14) of request for authorization for a Urine Drug Test and TENS unit, there is documentation of subjective (constant pain in the cervical spine radiating down to the bilateral arms and shoulders rated as an 8 out of 10, frequent pain in the bilateral wrist with numbness rated as a 7 out of 10, and constant pain in the lumbar spine radiating down to the left leg into the foot with numbness rated as a 7-8 out of 10), and objective (not specified) findings. Current diagnoses are: cervical musculoligamentous sprain, cervical disc protrusion with spondylosis and foraminal stenosis, bilateral shoulder sprain, left upper extremity radiculopathy, left shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar radiculopathy, and lumbar disc protrusion. Treatment to date: ongoing therapy with Ultram and Lunesta. In addition, medical report identifies a request to refill medications (Ultram and Lunesta). Regarding Urine Drug Test, there is no documentation of abuse, addiction, or poor pain control in the patient. Regarding TENS unit, there is no documentation that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short and long term goals of treatment with the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous sprain, cervical disc protrusion with spondylosis and foraminal stenosis, bilateral shoulder sprain, left upper extremity radiculopathy, left shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar radiculopathy, and lumbar disc protrusion. In addition, there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control in the patient. Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Test is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short and long term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical musculoligamentous sprain, cervical disc protrusion with spondylosis and foraminal stenosis, bilateral shoulder sprain, left upper extremity radiculopathy, left shoulder impingement syndrome, left lateral epicondylitis, bilateral carpal tunnel syndrome, lumbar radiculopathy, and lumbar disc protrusion. In addition, there is documentation of pain of at least three months duration. However, given documentation of a plan identifying a request for medications (Ultram and Lunesta), there is no documentation that other appropriate pain modalities have been tried (including medication) and failed. In addition, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific

short and long term goals of treatment with the TENS unit. Therefore, based on guidelines and a review of the evidence, the request for TENS unit is not medically necessary.