

Case Number:	CM14-0180432		
Date Assigned:	11/05/2014	Date of Injury:	12/09/2013
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family 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:

This is a 51 year old female patient who sustained a work related injury on 12/09/2013. The current diagnoses include low back pain with radiculopathy symptoms to the lower extremities, status post lumbar surgery and remote history of seizure disorder. She sustained the injury while sitting in her desk chair and reaching above her head to get a document, she felt a pulling and snapping sensation and pain to her low back. According to the doctor's note dated 11/04/2014, patient had complaints of low back pain, left leg pain with numbness, weakness, tingling and right foot numbness. The physical examination of the lumbar spine revealed tenderness, spasm, limited range of motion, positive straight leg raise test and decreased sensation to light touch over the left L4 and L5 and bilateral S1 dermatomes. The current medications list includes Baclofen, Gabapentin and Norco. She has undergone laminectomy and discectomy at L4-S1 on 3/20/14, cholecystectomy, appendectomy and bilateral tubal ligation. She has had X-rays for lumbar spine and left hip dated 6/22/2009 which revealed degenerative changes; left ankle X-ray dated 3/18/2009 which revealed normal findings; cervical spine dated 12/04/2006 which revealed degenerative changes; lumbar MRI dated 10/23/14 which revealed multilevel disc bulge. She has had urine drug screen on 9/15/14 which revealed negative results. She has had physical therapy visits and lumbar epidural steroid injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness....Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS (transcutaneous electrical nerve stimulation) is not established for this patient.

Toxicology Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Drug Screens.

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

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The current medications list includes Baclofen, Gabapentin and Norco. Any evidence that the patient has a history of taking illegal drugs or potent high dose opioids is not specified in the records provided. History of aberrant drug behavior is not specified in the records provided. In addition, patient has already had last urine drug screen on 9/15/14 which revealed negative results. Rationale for a repeat urine drug screen without history of aberrant drug behavior is not specified in the records provided. The medical necessity of Toxicology Urinalysis is not established for this patient at this juncture.