

Case Number:	CM14-0188872		
Date Assigned:	11/19/2014	Date of Injury:	03/04/2013
Decision Date:	02/25/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 61 year old female injured worker with a date of injury of 3/4/2013 was lifting heavy boxes of paper and injured back. She is currently working with lifting restrictions to prevent exacerbation of symptoms. Medications have included Mobic and Prilosec. Physical therapy x6 completed from 4/12/2013-4/26/2013 which the injured worker felt was not helping. (individual notes were not submitted). Notes indicated a previous work-related injury in 1990's involving the lumbar spine, which the worker says was not completely resolved with residual symptoms, and a motor vehicle accident in 2010 with injury to the left shoulder. Medical history includes borderline diabetes. Orthopedic notes from 6/9/2014 indicated intermittent pain in bilateral shoulders, constant neck pain, and frequent low back pain with difficulty sleeping due to pain. Examination showed decreased range of motion and no gross defects. Diagnoses: 1. Cervical spine strain and sprain superimposed on underlying discogenic and degenerative disease with complaints of upper extremity radiculitis. 2. Alleged bilateral shoulder strains and sprains with x-ray evidence of mild hypertrophy of the distal clavicle bilaterally, left greater than right, and bilateral lateral acromial spurring. 3. Lumbar protruding disc syndrome with lower extremity radiculopathy. Orthopedic notes from 9/3/2014 indicate an antalgic gait to the right and heel-to-toe walk exacerbated to the right with diffuse tenderness of lumbar paravertebral muscles, moderate facet tenderness at L4-S1. Some limitations of range of motion of lumbar spine and bilateral knee pain. Magnetic resonance imaging (MRI) done 10/23/2013 showed: 1. Grade I anterolisthesis of L5 to S1 which is resulting in moderate narrowing of the neural foramina bilaterally with abutment of the exiting right and left nerve roots. 2. Bilateral pars interarticularis

defects of L5. 3. Remote compression fracture of the superior endplate of the L1 vertebra. The Utilization Review dated 10/17/2014 certified bilateral L5-S1 and L3-L4 transforaminal epidural steroid injections. The UR non-certified urine drug screen and home interferential unit, thirty-day trial. Regarding drug screening, the UR indicated that the most recent progress note stated that the worker is not taking any medications. Per MTUS and ODG guidelines, urine drug screening is supported for patients undergoing chronic opioid therapy. Per the interferential therapy unit, the UR indicated that trials of IF units can be supported when pain is ineffectively controlled by medications and if there is a history of substance abuse. Per the UR, the request is not supported per the documentation submitted. A handwritten PR-2 form of 09/25/2012 is only partially legible. This form appears to outline ongoing symptoms of cervical and low back pain with pain in both lower extremities with lifting or bending. That form states that current medications include Norco 3 times per week given that the patient reports improvement in pain from 7/10 down to 3/10 and in duration of relief for 6 hours and improved ability to perform home exercises and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT)

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on drug testing, page 43, recommends urine drug testing to assess for the use or presence of illegal drugs. It appears that a physician follow-up note of 09/25/2014 may not have been available to an initial reviewer or may not have been legible, and for that reason it may have appeared that this patient was not being prescribed opioid medications. However, that PR-2 form does indicate a request for continued use of Norco based upon specific benefits from that medication. The treatment guidelines do support drug testing in this situation. This request is medically necessary.

Home Interferential Unit, thirty (30) day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation Page(s): 120.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on interferential stimulation states that this treatment modality is

not recommended as a first-line treatment and is only recommended in specific second-line situations such as when pain is ineffectively controlled due to diminished effectiveness of medication or pain is ineffectively controlled due to side effects or there is a history of substance abuse. The medical records do not document any of these specific reasons to support an indication for interferential stimulation. This request is not medically necessary.