

Case Number:	CM14-0195983		
Date Assigned:	12/03/2014	Date of Injury:	08/19/2011
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 49 year old female with a work injury dated 8/19/11. The diagnoses include lumbar disc disease, radiculopathy and facet syndrome, bilateral sacroiliac arthropathy and left ankle sprain/strain. Under consideration are requests for 30 day trial of a TENS unit and 1 urine drug screen. There is a 10/21/14 progress note that states that the patient has 6/10 low back pain left side greater than right with burning pain into the left buttock and leg/foot, with numbness/tingling and a hard time getting on her feet when sitting. The current medications are Axid, Fexmid, and Voltaren Gel. On exam there is an antalgic gait on left, heel to toe walk exacerbated on the left, diffuse tenderness of the lumbar paravertebral muscles, moderate facet and bilateral sacroiliac tenderness, positive Patrick/Fabere testing, sacroiliac thrust test, Yeoman's test, Kemp test, positive seated and supine straight leg raise bilaterally. There is a reduced lumbar range of motion with decreased left L4, and bilateral L5 dermatome sensation. The strength test revealed 4/5 big toe extensors, left 4/5 knee extension, and hip flexor, and 1+ left knee reflex. There is a request for a left L4-5 and bilateral L5-S1 transforaminal epidural injection, a 30 day TENS trial, and urine drug testing. An 11/24/14 document indicates that the patient is to schedule the authorized Lumbar Epidural Steroid Injection as she continues to have low back and radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: 30 day trial of a TENS unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there should be evidence prior to a TENS trial that other appropriate pain modalities have been tried (including medication) and failed. The documentation indicates that the patient is to receive lumbar epidural steroid injections therefore without documentation of the outcome of these injections a TENS unit is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Urine drug screen is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. The recent documentation does not reveal that the patient is taking opioid medication therefore a request for urine drug screen is not medically necessary.