MAXIMUS Federal Services

Case Number:	CM14-0197296		
Date Assigned:	12/01/2014	Date of Injury:	07/10/2013
Decision Date:	01/23/2015	UR Denial Date:	10/20/2014
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 Family Practice and is licensed to practice in Tennessee. 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 injured worker is a 61-year-old male who reported an injury on 07/10/2013. The injury reportedly occurred when the injured worker was carrying a special order form and walked it down to a technician/mechanic. Once he handed it to the technician, he turned to walk away, and walked into a car rack arm, striking the left top of his head. Upon impact, his head and neck jerked backward violently and to the right and the injured worker was disoriented and saw flashing lights. He denied any loss of consciousness. The injured worker's diagnoses include cervical disc disease, cervical radiculopathy, and cervical facet syndrome. The injured worker's past treatments included medications, physical therapy, and acupuncture treatment. The injured worker's diagnostic testing included an MRI scan of the cervical spine, which was noted to show multilevel disc protrusion, mild left C3-4 foraminal encroachment with potential for impingement on the exiting right C4 nerve root; moderate left C4-5 foraminal encroachment; moderate left C5-6 foraminal encroachment with potential for impingement on the exiting left C6 nerve root. There is also mild to moderate right side greater than left C6-7 foraminal encroachment with potential for impingement on the exiting C7 nerve root bilaterally. There were no relevant surgeries included in the documentation. On 10/01/2014, the patient complained of pain in the neck, which she rated a 7/10 to 8/10 on the pain scale. The pain was made worse with movements. The pain traveled to the right shoulder blade. He occasionally experienced headaches. Upon physical examination of the cervical spine, the patient was noted with moderate tenderness noted over the cervical paravertebral musculature extending to the bilateral trapezius muscles with spasm. There was facet tenderness to palpation on the right from C3 through C7. He was noted with a positive Spurling's sign and axial head compression to the right greater than left. The cervical spine range of motion was limited with flexion at 20 degrees, extension at 50 degrees, and rotation at 60 degrees to the right. The sensory examination was

noted to be grossly intact in all dermatomes as to pain, temperature, light touch, vibration, and 2 point discrimination except at the right C4 and C5 and bilateral C6 and C7 dermatomes. Upper extremity testing showed weakness with shoulder abduction, elbow flexors, and elbow extensors on the right noted with 4/5. The injured worker's medications included Remicade 800 mg, Tramadol, Flexeril, Amlodipine 5 mg, Chlorthalidone 25 mg, Lopid 600 mg, Altacef 10 mg, Questran 4 grams, Xanax 5 mg, and Prilosec 20 mg. The request was for an interferential unit and urine drug testing. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

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

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

Decision rationale: The request for interferential unit is not medically necessary. According to the California MTUS Guidelines, interferential current stimulation 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. While not recommended as an isolated intervention, patient selection criteria if interferential stimulation is to be used in a way would include pain is ineffectively controlled due to diminished effectiveness of medication; pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the abilities to perform exercise program/physical therapy treatment; or unresponsive to conservative measures. If those criteria are met, then a 1 month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, unless reported pain, and evidence of medication reduction. A "jacket" should not be certified until after the 1 month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The patient complained of neck pain that he rated 7/10 to 8/10 with a pain scale; however, the documentation did not include a complete a thorough pain assessment. A pain assessment should include current quantified pain, the least reported pain over the period since last assessment, intensity of pain after taking medications, and how long pain relief lasts. The documentation did not indicate inability to perform exercise program/physical therapy treatment, history of substance abuse, or side effects from the pain medications. In the absence of documentation with sufficient evidence of a complete and thorough pain assessment, documented evidence of diminished effectiveness of medications, documented evidence of ineffective pain medications due to side effects, documented evidence of history of substance abuse, or tried and failed conservative measures, the request is not supported. As such, the request is not medically necessary.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC

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

Decision rationale: The request for urine drug testing is not medically necessary. According to the California MTUS Guidelines, drug testing may be recommended as an option, using the urine drug screen to assess for the use or the presence of illegal drugs. The injured worker is noted to be on opioid therapy; however, the documentation does not indicate how long the patient has been using opioids. The documentation does not indicate when the most recent urine drug screen was conducted. There is no documentation with suspicion of aberrant drug related behavior or a history of substance abuse. In the absence of documentation with sufficient evidence of how long the patient has been using opioid therapy, the most recent urine drug test, the patient's risk stratification, and the rationale for the urine drug test, the request is not supported. As such, the request is not medically necessary.