

Case Number:	CM14-0204092		
Date Assigned:	12/16/2014	Date of Injury:	08/08/2011
Decision Date:	02/25/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 50-year-old man with a date of injury of August 8, 2011. The mechanism of injury occurred when the IW was lifting a 40-pound box in the seated position. The IW felt pain in his neck, upper back, and left shoulder. The injured worker's working diagnoses are lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and posterior annular tear, per MRI scan. Prior treatments have included physical therapy without benefit, activity modifications, and medications. The IW underwent right shoulder surgery in 2007. There is a sole handwritten, largely illegible progress note in the medical record dated August 4, 2014. According to the note, the IW has left shoulder pain with popping (illegible). The IW complains of low back pain with numbness and tingling to the knees. Objective findings are illegible. According to the 8/4/14 progress note, the IW was not taking any medications. A pain management specialist saw the IW on October 1, 2014. The pain management physician indicated the IW was not taking any medications. There is a Medical Necessity Addendum for the Interferential Current Stimulation (ICS) for that contained two boxes, one for rental and one for purchase. Both boxes were checked off on the order. The latest treating physician progress note in the medical record was dated August 2014. The request for the ICS was on October 1, 2014. There was no progress note with current subjective symptoms, objective physical findings for an assessment and treatment plan for the ICS. There was no clinical rationale of clinical indication for the ICS. The current request is for DME: Interferential Unit (30-day trial for home use) - rental, and random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential Unit, 30 day trial for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Inferential Current Stimulation (ICS) Page(s): 118, 120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Interferential Unit.

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (ICS) 30 day trial for home use is not medically necessary. ICS is not recommended as an isolated intervention area there is no quality evidence of effectiveness except in conjunction with the recommended treatments, including return to work, exercise medications. Patient Selection Criteria, enumerated in the Official Disability Guidelines, should be documented by the medical care provider for ICS to be determined to be medically necessary. These criteria include, but are not limited to, documentation of pain ineffectively controlled due to diminished effectiveness of medications; pain in effectively controlled with medication to the side effects or history of substance abuse; unresponsive to conservative measures. If those criteria are met then a one month trial may be appropriate to permit the treating physician and physical therapy provided to study the effects and benefits. In this case, the injured worker is a 50-year-old with an injury date of August 8, 2011. The injured worker received physical therapy without benefit, activity modification and medications. He underwent right shoulder surgery in 2007. The medical necessity addendum for the ICS contain two boxes one for rental and one for purchase. Both boxes were checked off on the order. The latest treating physician progress note in the medical record was dated August 2014. The request for the ICS was on October 1, 2014. There was no progress note with current subjective symptoms, objective physical findings or an assessment and treatment plan for the ICS. There was no clinical rationale of clinical indication for the ICS. There was no review of Patient Selection Criteria documented by the medical care provider for ICS to be medically necessary. Consequently, absent clinical documentation to support the ICS, clinical rationale and clinical indication for the ICS, Interferential unit 30 day trial is not medically necessary.

Random Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 77, 80, 94, 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, a random urine toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor

compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are being made to continue, adjust or discontinue treatment. Patients at low risk of addiction should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at high risk of adverse outcomes may require testing is often as once per month. In this case, the latest progress note from the treating physician is dated August 2014. There are no medications listed, there is no risk assessment suggesting aberrant behavior suggestive of drug misuse or abuse. The injured worker was seen by a pain management specialist on October 1, 2014. The pain management physician indicated the injured worker was not taking any medications. The documentation does not contain any clinical indications, rationale or supporting clinical facts to warrant a urine drug screen. There is no risk assessment or aberrant drug seeking behavior. Consequently, absent supporting clinical documentation for urine drug screen, a risk assessment in the documentation reflecting no medications, urine random toxicology screen is not medically necessary.