

<b>Case Number:</b>	CM14-0206375		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Pain Management 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 female patient with the date of injury of August 20, 2009. A Utilization Review dated November 25, 2014 recommended non-certification of 1 urine drug screen and 1 TENS unit. A Pain Management Consultation Report dated October 29, 2014 identifies Chief Complaint of pain in the low back, which she rates on a pain scale at 8-9/10, equally on both sides. The pain is associated with soreness and contractions that radiates to the bilateral legs with weakness, numbness, and tingling sensation into the feet. Physical Examination identifies gait is wide-based. Heel-toe walk is performed with difficulty secondary to low back pain. There is moderate tenderness to palpation noted over the bilateral L4 through S1 myotomes. There is mild facet tenderness noted over the L4 through S1 distributions. Positive sacroiliac tenderness, Fabere's/Patrick, sacroiliac thrust test, and Yeoman's tests bilaterally. Kemp's test and Farfan test are positive bilaterally. Decreased lumbar spine range of motion. Moderate right knee pain noted in the joint lines. Sensation is decreased in the bilateral L4, L5, and S1 dermatomes. Assessment identifies status post anteroposterior L4 through S1 fusion, painful retained hardware, lumbar radiculopathy, right knee sprain/strain, and psychological complaints. Treatment recommendations identify urine drug testing and TENS. There is note that previous urine drug screens have been performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a 1 urine drug screen, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient has undergone previous urine drug screens. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested 1 urine drug screen is not medically necessary.

**1 TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS (transcutaneous electrical nerve stimulat.

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

**Decision rationale:** Regarding the request for 1 TENS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested 1 TENS unit is not medically necessary.