

Case Number:	CM14-0211468		
Date Assigned:	12/24/2014	Date of Injury:	06/11/2013
Decision Date:	02/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This individual is a 63 y/o male who has developed persistent low back pain over a several year period. The formal date of injury is 6/11/13. His pain is reported to be 5-6/10 VAS and is associated with activity levels. He continues to work. He is not utilizing any prescription medications and there is no history of drug misuse. There is no radicular component reported. MRI studies have revealed widespread moderate spondylosis without neuronal compromise. A request for facet blocks was approved. Treatment has included physical therapy, acupuncture and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit, 30 day trial for home use: 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 Transcutaneous Electrotherapy Page(s): 118, 119.

Decision rationale: Due to the uncertain benefits from Inferential devices MTUS Guidelines have very specific standards prior to trial. One of these standards includes prior application by a licensed health care provider that resulted in proven benefit and effectiveness. This standard has not been met. There are no unusual circumstances to justify an exception to Guidelines. The request for the Inferential Unit, 30 day home trial is not medically necessary.

Random urine toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of urine drug screens if an individual is started on or utilizing opioid medications. This patient is not utilizing opioid medications nor are they going to be initiated. The request for urine drug testing is not consistent with Guidelines and is not medically necessary.