

<b>Case Number:</b>	CM15-0104350		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 52 year old male who sustained an industrial injury on January 3, 2014. The injured worker jumped off a trailer after unloading it and landed in the dirt. The injured worker twisted the right ankle. The injured worker previously received the following treatments Tylenol #3, Motrin, Prilosec, lumbar spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities. The injured worker was diagnosed with chronic low back pain, right lower extremity pain, lumbar spine sprain/strain, HPN (herniated nucleus pulposus) of the lumbar spine, probable radiculopathy of the lower extremity and muscle weakness. According to progress note of April 15, 2015, the injured workers chief complaint was aching and stabbing low back pain. There was burning, numbness, pins and needles sensation in the low back. The discomfort was constant and severe, with radiation of pain from the back to the right ankle. The pain was made worse by flexion, extension, lifting, standing, walking, sitting, coughing, rotation, lying face down, squatting, kneeling, stair climbing, changing positions and repeated movements. The pain was improved by rest. The right leg and ankle pain was sharp, aching and stabbing. There was burning, numbness, cramping with pins and needles sensation to the right leg. The discomfort was constant and severe. There was noted radiation of pain from the right ankle to the back. There was weakness of the right leg and ankle muscles. The pain was made worse by flexion, extension, lifting, standing, walking, sitting, coughing, rotation, lying face down, squatting, kneeling, stairs climbing, changing positions, and repeated movements. The pain was improved with rest and medications. The physical exam noted decreased range of motion of the lumbar spine. There was tenderness to palpation of the

bilateral multi-fidus, L5-S1 spinous processes, right longissimus, and right iliocostalis. Lasegues was positive on the producing pain in the posterior thigh. The treatment plan included an IF Unit (interferential current stimulation unit) and urine toxicology screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**IF Unit rental trial x 5 months: Upheld**

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

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about the patient having a TENS unit and using it. There is no documentation of neuropathic pain. Therefore, the prescription of IF Unit rental trial x 5 months for medical necessity is not medically necessary.

**Urine toxicology screen (one UA to perform at follow up appt): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): s 77-78 and 94.

**Decision rationale:** According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine toxicology screen (one UA to perform at follow up appt) is not medically necessary.