MAXIMUS Federal Services

Case Number:	CM15-0108148		
Date Assigned:	06/25/2015	Date of Injury:	12/09/2010
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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:

The injured worker is a 65-year-old male, who sustained an industrial injury on 12/9/10. The injured worker has complaints of neck pain that radiates to the bilateral shoulders, greater on the left side with numbness and tingling sensation into his bilateral hands. The documentation noted that the injured worker also had weakness in his left arm. The injured worker has low back pain that is described as burning, radiating to the left lower extremity with numbness sensation into the thigh. The documentation noted that there is moderate tenderness with spam noted over the cervical paravertebral musculature and left trapezius muscle and there is facet tenderness to palpation noted over the C4-C7 spinous processes. The documentation noted that there is bilateral ankle pain over the dorsum of the ankle. The diagnoses have included cervical disc disease; cervical radiculopathy; bilateral wrist tendinitis; lumbar disc disease and lumbar radiculopathy. Treatment to date has included ibuprofen and chlorzoxazone; magnetic resonance imaging (MRI) of the cervical spine showed C5-C6 a five millimeter central and left posterior paracentral and left intraforaminal C5-C6 disc herniation causing severe left C5-C6 lateral recess and left C5-C6 neural foraminal stenosis; magnetic resonance imaging (MRI) of the lumbar spine showed at L3-L4 and L4-L5 a five to six millimeter broad-based posterior disc protrusion and bilateral intraforaminal L3-l4 and L4-L5 disc herniations; physical therapy; chiropractic manipulative therapy; rest and home exercise program. The request was for transfacet epidural steroid injection, left cervical C4-C5, C5-C6; transforaminal epidural steroid injection, left lumbar L4-L5, L5-S1 (sacroiliac); urine drug screen; interferential unit, one month rental and Interferential unit, 1 month supplies (electrodes, power pack, adhesive remover, leadwire).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section, Opioids Criteria for Use Section Page(s): 43, 112.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular, when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. In this case, as of 4/28/15, the injured worker is only taking Motrin and Aspirin for pain, therefore, a urine drug screen is not warranted. The request for urine drug testing is determined to not be medically necessary.

Interferential unit, 1 month rental: Overturned

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

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

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. This request is for a one-month trial. The request for Interferential unit, 1-month rental is determined to be medically necessary.

Interferential unit, 1 month supplies (electrodes, power pack, adhesive remover, leadwire): Overturned

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

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

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment; however, it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. This request is for a one-month trial. As the request for Interferential unit, 1 month rental is determined to be medically necessary, the request for Interferential unit, 1 month supplies (electrodes, power pack, adhesive remover, lead wire) is also considered to be medically necessary.