

Case Number:	CM15-0134666		
Date Assigned:	07/22/2015	Date of Injury:	02/12/1999
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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, 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 is a 55 year old female who sustained an industrial injury on 2/12/99. Per Utilization Review the mechanism of injury occurred while bending/ lifting heavy boxes injuring her back. She currently complains of chronic, throbbing back pain with associated groin pain with poor tolerance to standing straight or extend backwards; bilateral sciatic pain down buttock and bilateral legs; right shoulder pain; bilateral hip and right leg pain with intermittent numbness and spasm. She has difficulty handling household chores when the pain flares. On physical exam there were paraspinous lumbar spasm, guarding and pain; poor tolerance to straight leg raise, Faber and Gaselen (per note 6/24/15). Her pain level was 3/10. Medications were Methadone, Norco, Restoril, Protonix, Soma, Senikot, Kadian, and Cymbalta. Diagnoses include thoracic or lumbar radiculitis; lumbosacral disc degeneration; L1-4 spinal stenosis, lumbar; myofascial pain disorder; gastroesophageal reflux disease; muscle spasms; gait derangement; right shoulder pain, rule out rotator cuff symptoms; comorbid constipation; status post anterior posterior fusion at L4-5 and L5-S1. Treatments to date include medications; home exercise program. Diagnostics include electromyography lumbar spine (10/3/14) showed lumbar and S1 radiculopathy; MRI lumbar spine (3/7/14) showed status post L4-5 fusion, disc bulging, facet arthropathy. In the progress note dated 3/31/15 the treating provider's plan of care included requests for back brace to improve endurance of stoop, standing, walking; transcutaneous electrical nerve stimulator unit rental/ purchase; urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar back brace for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9, 298, 301. Decision based on Non-MTUS Citation ODG Low Back (acute and chronic) Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar back brace for purchase is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are thoracic or lumbar radiculitis; lumbosacral disc degeneration; L1 - L for spinal stenosis; failed back surgery; myofascial pain disorder; GERD; depression; and right shoulder pain. The date of injury is February 12, 1999. The request for authorization is June 24, 2015. According to a progress note dated June 24, 2015, subjectively the injured worker complains of back pain that radiates down the bilateral lower extremities. There was also right shoulder pain. Objectively, there is lumbar paraspinal muscle tenderness and spasm. EMG lumbar performed October 2014 was positive for lumbar and S1 radiculopathy. There is no documentation evidencing ongoing physical therapy. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. Consequently, absent guideline recommendations for a lumbar back brace, lumbar back brace for purchase is not medically necessary.

TENS unit for rental/purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Criteria for the use of TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for rental/purchase is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how

often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are thoracic or lumbar radiculitis; lumbosacral disc degeneration; L1 - L for spinal stenosis; failed back surgery; myofascial pain disorder; GERD; depression; and right shoulder pain. The date of injury is February 12, 1999. The request for authorization is June 24, 2015. According to a progress note dated June 24, 2015, subjectively the injured worker complains of back pain that radiates down the bilateral lower extremities. There was also right shoulder pain. Objectively, there is lumbar paraspinal muscle tenderness and spasm. EMG lumbar performed October 2014 was positive for lumbar and S1 radiculopathy. There is no documentation of a 30 day TENS trial. As noted above, there was no documentation of ongoing physical therapy because TENS is not recommended as a primary treatment modality. Consequently, absent clinical documentation of a 30 day TENS trial, TENS unit for rental/purchase is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 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 for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are thoracic or lumbar radiculitis; lumbosacral disc degeneration; L1 - L for spinal stenosis; failed back surgery; myofascial pain disorder; Gerd; depression; and right shoulder pain. The date of injury is February 12, 1999. The request for authorization is June 24, 2015. According to a progress note dated June 24, 2015, subjectively the injured worker complains of back pain that radiates down the bilateral lower extremities. There was also right shoulder pain. Objectively, there is lumbar paraspinal muscle tenderness and spasm. EMG lumbar performed October 2014 was positive for lumbar and S1 radiculopathy. Urine drug toxicology screens were performed January 5, 2015 and March 31, 2015. The urine drug screens were inconsistent for Soma. There was no clinical discussion of the inconsistency in the medical record. There is no documentation

of aberrant drug-related behavior, drug misuse or abuse. There was no clinical rationale for repeating the urine drug toxicology screen in the medical record. Consequently, absent clinical documentation with the clinical indication and rationale and aberrant drug-related behavior, drug misuse or abuse, urine toxicology screen is not medically necessary.