MAXIMUS Federal Services

Case Number:	CM15-0136600		
Date Assigned:	07/24/2015	Date of Injury:	01/07/2015
Decision Date:	08/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/14/2015

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: Family Practice

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 19 year old male, who sustained an industrial injury on 1/7/15. He has reported initial complaints of a low back injury. The diagnoses have included lumbar sprain/strain and left lower extremity (LLE) radicular symptoms. Treatment to date has included medications, activity modifications, diagnostics, chiropractic, and other modalities. Currently, as per the physician progress note dated 5/20/15, the injured worker complains of constant dull ache across the lumbar spine that radiates to the left leg. The diagnostic testing that was performed included lumbar spine x-rays. The current medications included Naproxen. The pain is rated 4/10 on pain scale and worsens with prolonged sitting, standing or walking. The sleep is interrupted due to pain. The physician requested treatments included 1-month home based trial of neurostimulator transcutaneous electrical nerve stimulation (TENS) EMS unit with supply, 1 baseline functional capacity evaluation and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month home based trial of a neurostimulator TENS-EMS unit with supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) 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, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The medical records do not establish that the injured worker has failed conservative care management for his low back pain and radicular symptoms. The request for 1-month home based trial of a neurostimulator TENS-EMS unit with supply is not medically necessary and appropriate.

1 baseline functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation.

Decision rationale: According to the Official Disability Guidelines, Functional Capacity Evaluation may be considered if case management is hampered by complex issues such as prior unsuccessful return to work or if timing is appropriate such as the injured worker being close or at MMI (Maximum Medical Improvement). In this case, there is no evidence that case management is hampered by complex issues such as prior unsuccessful return to work. In addition, the injured worker is not at MMI (Maximum Medical Improvement) as chiropractic treatments have been requested. The request for 1 baseline functional capacity evaluation is not medically necessary and appropriate.

1 urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, criteria for use Page(s): 43, 78.

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. In addition, the medical records do not establish evidence of opioid prescription. The injured worker is noted to be prescribed non-steroidal anti-inflammatory medications. The request for 1 urine toxicology is not medically necessary and appropriate.