

Case Number:	CM15-0141147		
Date Assigned:	07/30/2015	Date of Injury:	10/19/1988
Decision Date:	08/27/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: Physical Medicine & Rehabilitation

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 66-year-old female, who sustained an industrial injury on 10-19-88. She reported pain in the low back and right hip. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and posterior annular tear. Treatment to date has included chiropractic treatment, physiotherapy, a lumbar epidural injection, and medication including Voltaren and Lidoderm patches. Physical examination findings on 6-2-15 included diffuse tenderness over the lumbar par vertebral musculature with moderate facet tenderness at L4-S1. Kemp's test and Farfan's tests were positive. Straight leg raises were positive bilaterally. Currently, the injured worker complains of lumbar spine pain with spasm and radiation to the buttocks and thighs. Weakness and numbness was also noted. The treating physician requested authorization for an interferential unit 30-day trial for home use and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit; 30 day trial for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118, Interferential Current Stimulation (ICS).

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate, to permit the physician and provider licensed to provide physical therapy, to study the effects and benefits. It should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. However, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any Transcutaneous electrotherapy to warrant an interferential unit for this chronic 1988 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The IF Unit; 30 day trial for home use is not medically necessary and appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Drug Testing, page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Drug Screen is not medically necessary and appropriate.