

<b>Case Number:</b>	CM15-0141535		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 30, 2009. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for a 30-day trial of an interferential unit and a urine drug screen. The claims administrator did, however, approve multilevel lumbar medial branch blocks. A June 22, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said June 3, 2015 RFA form, a urine drug screen, interferential unit trial, and multilevel medial branch blocks were sought. In an associated progress note of the same date, June 3, 2015, the applicant reported ongoing complaints of low back pain, 7/10. The attending provider contended that the applicant did not have bona fide radicular pain complaints. Facetogenic tenderness was noted with a wide-based gait appreciated. The applicant had undergone earlier knee surgery, it was incidentally noted. Medial branch blocks, urine drug testing, and an interferential unit were sought. The applicant was on Norco, Naprosyn, and Flexeril, it was reported. It was not stated when the applicant was last tested. The attending provider stated that the applicant would continue current medications, including Norco. The applicant's work status was not clearly reported, although some sections of the note stated that the applicant had been returned to work at one point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day trial use of Interferential unit: Upheld**

**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) Page(s): 120.

**Decision rationale:** No, the request for a 30-day trial of an interferential unit was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, an interferential stimulator may be partially appropriate on a one-month trial basis in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse that would prevent provision of analgesic medications. Here, however, there was no mention of the applicant's having unsatisfactory analgesia with Norco. The attending provider suggested that the applicant continued Norco on June 3, 2015, implying that the attending provider was satisfied with the level of analgesia the applicant was deriving from the same. The applicant was also using Norco and Flexeril, it was further noted. Once again, the attending provider made no mention of any of the aforementioned medications proving unsatisfactory and/or the applicant's having developed any kind of intolerance to the same. There was no mention of the applicant's having any issues with substance abuse which would prevent provision of analgesic medications. It did not appear, in short, that the criteria set forth on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of an interferential stimulator trial had been met. Therefore, the request was not medically necessary.

**1 Urine drug screen for medication compliance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

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

**Decision rationale:** Similarly, the request for a urine drug screen for medication compliance purposes was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for and why, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the requesting provider did not state when the applicant was last drug tested. It was not stated whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. The attending provider neither signaled his intention to conform to the best practices of the United States Department of

Transportation nor signaled his intention to eschew confirmatory or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.