MAXIMUS Federal Services

Case Number:	CM15-0187857		
Date Assigned:	09/29/2015	Date of Injury:	01/03/2013
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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 61-year-old male, with a reported date of injury of 01-03-2013. The diagnoses include status post left total knee replacement, status post left ankle arthroscopic repair of the talofibular ligament, and facet syndrome, causing left L5 radiculopathy. Treatments and evaluation to date have included physical therapy, chiropractic treatment, and Norco. The diagnostic studies to date have not been included in the medical records. The progress report dated 08-19-2015 indicates that the injured worker presented for follow-up on his left ankle. The injured worker reported that he was doing well, but continued to have mild swelling. On 06-12-2015, the injured worker rated his left ankle pain 5 out of 10. During the chiropractic visit on 07-01-2015, the injured worker rated his left ankle pain 4 out of 10; his left knee pain 6 out of 10; and his low back pain 7 out of 10. The objective findings (08-19-2015) include weakness along with swelling and stiffness of the left ankle. It was noted that an x-ray of the left ankle showed normal findings; and an x-ray of the left knee and left tibia showed no increase of osteoarthritis. The treatment plan included the rental of an IF (interferential) unit for 30-60 days and purchase if it was effective for long-term care to manage pain and reduce medication usage; and a urine toxicology screening to check the effectiveness of the medications. The injured worker's work status was referred to the primary treating physician. On 07-01-2015, the injured worker was advised to remain off work until 08-05-2015. The request for authorization was dated 09-08-2015. The treating physician requested an IF (interferential) unit rental for 30-60 days and a urine toxicology screen. On 09-14-2015, Utilization Review (UR) non-certified the request for an IF (interferential) unit rental for 30-60 days and a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit rental for 30-60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation.
These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The request for IF unit rental for 30-60 days is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

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, although there is no documented concern for abuse, or addiction, there is poor pain control. The injured worker has been prescribed opioids for over a year and there is no evidence of a prior urine drug screen, therefore, the request for urine toxicology screen is not medically necessary.