

Case Number:	CM15-0197921		
Date Assigned:	10/13/2015	Date of Injury:	06/04/2015
Decision Date:	11/20/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female, who sustained an industrial injury on 6-4-15. The injured worker was diagnosed as having neck sprain, lumbosacral sprain and thoracic-lumbosacral neuritis-radiculitis. Medical records (7-23-15 through 8-13-15) indicated 7-9 out of 10 pain in the lower back and neck. The physical exam (7-23-15 through 8-13-15) revealed lumbar flexion is 65-75 degrees, extension is 0-20 degrees and lateral flexion is 15 degrees bilaterally. There is also a positive straight leg raise test and cervical flexion was 40 degrees and extension was 45 degrees. As of the PR2 dated 9-10-15, the injured worker reports pain in her lower back and neck. She rates her pain 7 out of 10. Objective findings include lumbar flexion is 65 degrees, extension is 10 degrees and lateral flexion is 15 degrees bilaterally. There is also a positive straight leg raise test. Current medications include Ibuprofen and Cyclobenzaprine. Treatment to date has included an EMG-NCS of the lower extremities on 9-15-15 with normal results. The treating physician requested an IF unit, electrodes and batteries for purchase and a urine drug screen. The Utilization Review dated 9-30-15, non-certified the request for an IF unit, electrodes and batteries for purchase 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:

1 IF Unit: 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): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in June 2015 when she slipped and fell striking her head and low back. Medications have included cyclobenzaprine and ibuprofen. When seen, she had pain rated at 7/10. Body mass index was over 30. She was in mild distress. There was lumbar tenderness with muscle spasms. She had decreased lower extremity strength with positive straight leg raising. There was decreased lumbar spine range of motion. Additional testing was ordered. An interferential unit with supplies was dispensed. Authorization for urine drug screening was requested. She was to continue with physical therapy treatments. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation or failed conservative treatment. Providing a home interferential unit and supplies for indefinite use is not medically necessary.

1 Electrodes And Batteries Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in June 2015 when she slipped and fell striking her head and low back. Medications have included cyclobenzaprine and ibuprofen. When seen, she had pain rated at 7/10. Body mass index was over 30. She was in mild distress. There was lumbar tenderness with muscle spasms. She had decreased lower extremity strength with positive straight leg raising. There was decreased lumbar spine range of motion. Additional testing was ordered. An interferential unit with supplies was dispensed. Authorization for urine drug screening was requested. She was to continue with physical therapy treatments. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation or failed conservative treatment. Providing a home interferential unit and supplies for indefinite use is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work injury in June 2015 when she slipped and fell striking her head and low back. Medications have included cyclobenzaprine and ibuprofen. When seen, she had pain rated at 7/10. Body mass index was over 30. She was in mild distress. There was lumbar tenderness with muscle spasms. She had decreased lower extremity strength with positive straight leg raising. There was decreased lumbar spine range of motion. Additional testing was ordered. An interferential unit with supplies was dispensed. Authorization for urine drug screening was requested. She was to continue with physical therapy treatments. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication has been prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction. Urine drug screening is not considered medically necessary.