

Case Number:	CM15-0202215		
Date Assigned:	10/19/2015	Date of Injury:	05/14/2014
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 24 year old female, who sustained an industrial injury on 5-14-14. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Subjective findings (5-22-14, 7-10-15) indicated lower back pain and intermittent pain and numbness in her left leg. Objective findings (5-22-15, 7-10-15) revealed tenderness to palpation over the paraspinal musculature with muscle spasms, a positive straight leg raise test and decreased lumbar range of motion. As of the PR2 dated 8-18-15, the injured worker reports 6 out of 10 pain in her lower back that radiates down the left leg and knee. Objective findings include diffuse tenderness to palpation over the paraspinal musculature, decreased lumbar range of motion and a positive straight leg raise test on the left at 50 degrees. There was no documentation of suspected drug abuse. On the urine drug screen requisition form dated 8-18-15, the treating physician noted that the injured worker was not on any prescribed medications. The urine drug screen on 8-18-15 was positive for marijuana. The treating physician noted that the injured worker has failed conservative therapies and is recommending a left S1 transforaminal epidural injection. Treatment to date has included an H-wave unit with "significant" relief started on 4-20-15, physiotherapy x 18 sessions and acupuncture x 18 sessions. The Utilization Review dated 9-17-15, non-certified the request for a urine drug screen test and a TENS unit 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Substance abuse (tolerance, dependence, addiction).

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a urine drug screen. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient is not taking controlled substances. The patient has had a Urine Drug Test previously. According to the clinical documentation provided and current MTUS guidelines; the urine drug screen, as requested, is not indicated a medical necessity to the patient at this time.

TENS unit 30 day trial: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. The patient does not meet the diagnostic criteria at this time. According to the clinical documentation provided and current MTUS guidelines, A TENS unit is not indicated as a medical necessity to the patient at this time.