

Case Number:	CM15-0026593		
Date Assigned:	02/18/2015	Date of Injury:	01/28/2014
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on 1/28/14. She has reported pain in the back related to lifting a heavy object. The diagnoses have included lumbar stenosis, mild facet arthropathy and lumbar radiculopathy. Treatment to date has included MRI of the lumbar spine, EMG/NCV studies and oral medications. As of the PR2 dated 1/2/15, the injured worker reports continued numbness and tingling to bilateral lower extremities. The treating physician requested a home IF unit x 30 day trial, urine drug screen and left L4-L5 and L5-S1 selective nerve root block. On 1/22/15 Utilization Review non-certified a request for a home IF unit x 30 day trial, urine drug screen and left L4-L5 and L5-S1 selective nerve root block. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and the ODG guidelines. On 2/5/15, the injured worker submitted an application for IMR for review of a home IF unit x 30 day trial, urine drug screen and left L4-L5 and L5-S1 selective nerve root block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit 30-day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical therapy Page(s): 120.

Decision rationale: While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A “jacket” should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. In this instance, the suggested use of the IF unit is not an isolated intervention. Epidural steroid injections and facet blocks have been proposed as well as a continuation of medication. The medications have become less effective. Therefore, a home interferential, unit 30-day trial, is medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: index 9th edition web 2011, Urine Drug Test

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines. Pain (Chronic). Urine drug testing.

Decision rationale: Indications for urine drug testing: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. In this instance, the injured worker was not known to be taking a controlled substance. The submitted record does not indicate that the treating physician was considering chronic opioid management. Consideration was for lumbar epidural steroid injections and possible facet joint injections at that point. Therefore, a urine drug screen was not medically necessary.

Left L4-L5 and L5-S1 selective nerve root block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this instance, the injured worker has failed conservative measures including physical methods, medication, and rest/exercise. Her physical examination and MRI imaging is consistent with compressive radiculopathies at the L5 and S1 nerve root levels. Therefore, Left L4-L5 and L5-S1 selective nerve root block are medically necessary.