MAXIMUS Federal Services

Case Number:	CM15-0210964		
Date Assigned:	10/29/2015	Date of Injury:	07/30/2010
Decision Date:	12/17/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/27/2015

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 57-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of July 30, 2010. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve requests for an interferential unit with associated supplies and a urine drug screen. The claims administrator referenced an October 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. Tramadol and Ambien were endorsed via an RFA form dated August 27, 2015 and also via a subsequent order form dated October 6, 2015. On June 11, 2015, the applicant was again placed off of work, on total temporary disability for ongoing complaints of low back, leg, and knee pain. Norco was endorsed. On September 3, 2015, Norco, Motrin, Flexeril, Zoloft, and Neurontin were all endorsed while the applicant was placed off of work, on total temporary disability. The applicant was asked to obtain a replacement cane. On October 15, 2015, the applicant again reported ongoing issues with low back, knee, and leg pain. Norco, Motrin, Flexeril, Zoloft, Neurontin, Prilosec, and the interferential stimulator purchase versus rental were sought. Drug testing was also apparently proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit and Supplies 30-60 day rental and Purchase for the Lumbar Spine: 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: No, the request for an interferential unit with supplies, a 30-day rental and purchase, was not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain and evidence of medication reduction. Here, the attending provider seemingly suggested that he would furnish the applicant with a rental of the unit and subsequent purchase of the same without any proviso to reevaluate the applicant following an initial 30-day trial before moving forward with the decision to purchase the device. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that some of the criteria for usage of an interferential stimulator on a trial basis include evidence that an applicant's pain is ineffectively controlled due to diminished medication efficacy, evidence that an applicant's pain is ineffectively controlled owing to medication side effects and/or evidence that an applicant has a history of substance abuse which would prevent provision of analgesic medications. Here, however, no such evidence of lack of analgesic medication efficacy, analgesic medication side effects and/or substance abuse was raised on the October 15, 2015 office visit at issue. The applicant's concurrent usage of multiple first-line oral pharmaceuticals to include Motrin, Flexeril, Neurontin, Norco, etc., effectively obviated the need for the interferential stimulator device, either on a rental or purchase basis. Therefore, the request is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for a urine toxicology screen (AKA urine drug testing) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option in the chronic pain population to assess for the presence or absence of illegal drugs, 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, attempt to conform to the best practices of the [redacted]

[redacted] when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the October 15, 2015 office visit made no mention when the applicant was last tested. There was no mention of whether the applicant was a higher- or a lower-risk individual for whom more or less frequent testing would be indicated. The attending provider neither signaled his intention to conform to the best practices of the [redacted] when performing testing nor signaled his attention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request is not medically necessary.