

<b>Case Number:</b>	CM15-0220336		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of June 11, 2014. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve requests for a spine specialist consultation, a urine toxicology screening, and a 30-60 day interferential unit trial with subsequent purchase. A September 2, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 17, 2015, an Agreed Medical Evaluator (AME) noted that the applicant had ongoing issues with chronic low back pain and shoulder pain status post earlier shoulder surgery. The Agreed Medical Evaluator (AME) seemingly noted that the applicant had failed to return to work and that vocational rehabilitation was indicated. On a September 18, 2015 RFA form, a spine specialist consultation, a urine toxicology screen and an interferential unit device were sought. The attending provider suggested that the interferential stimulator device be dispensed on a conditional basis, with purchase after 30-60 days if the initial trial was reportedly effective. On an associated progress note dated September 2, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation. Multiple comorbidities of neck, shoulder, and low back pain were reported. A consultation with a spine specialist was sought, along with the interferential stimulator device at issue. A drug screen was apparently performed. The treating provider did not, however, state which medications the applicant was using on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with spine specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Yes, the request for a consultation with a spine specialist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, a knee surgeon, seemingly stated that the applicant was better-served obtaining the added expertise of a spine specialist to formulate appropriate treatment options involving the same. Therefore, the request was medically necessary.

**Urine toxicology screen in house:** 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:** Conversely, the request for a urine toxicology screen (AKA urine drug screen) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option, to assess for the presence or absence of illegal drugs, in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs 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] 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, there was no mention of when the applicant was last tested. The September 2, 2015 office visit made no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the [REDACTED]. A list of medications the applicant was taking in question was not seemingly furnished. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.

**Interferential unit, 30-60 day rental, purchase if effective:** 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:** Finally, the request for an interferential unit 30- to 60-day rental plus purchase if deemed effective by the applicant 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 device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with beneficial outcomes present in terms of increased functional improvement, less reported pain, and evidence of medication reduction. Here, the attending provider seemingly dispensed the device in question, without any proviso to personally reevaluate the applicant following completion of said 30-60 day interferential stimulator trial. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that some of the primary criteria for usage of an interferential stimulator device on a trial basis include evidence that an applicant's pain is ineffectively controlled owing to diminished medication efficacy, evidence that an applicant's pain is ineffectively controlled owing to medication side effects and/or a history of substance abuse which would prevent provision of analgesic medications. Here, however, the September 2, 2015 office visit did not discuss medication selection or medication efficacy. There was no mention of the applicant's having issues with medication intolerance, medication side effects, and/or a history of substance abuse which would prevent provision of the same. Therefore, the request was not medically necessary.