

<b>Case Number:</b>	CM15-0224396		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	02/13/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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:

This is a 49 year old female with a date of injury of February 13, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease, lumbar radiculitis, lumbar facet syndrome, and left piriformis syndrome. Medical records dated October 7, 2015 indicate that the injured worker complained of lower back pain with radiation and numbness and tingling to the lower extremity that increases with activities of daily living, and cervical spine pain with radiation to the left upper extremity with numbness and tingling. A progress note dated October 21, 2015 documented complaints of lower back pain rated at a level of 8 out of 10 radiating to the left buttock, thigh, and foot. Per the treating physician (October 21, 2015), the employee was working in a modified capacity. The physical exam dated October 7, 2015 reveals lumbar paravertebral muscle tenderness and guarding left greater than right, positive straight leg raise on the left, decreased sensation, decreased range of motion of the lumbar spine, cervical paravertebral muscles spasm and guarding left greater than right, tenderness to palpation of the left trapezius, positive Spurling's on the left, decreased sensation in the C6-7 distribution, and decreased range of motion of the cervical spine. The progress note dated October 21, 2015 documented a physical examination that showed an antalgic gait to the left, diffuse tenderness to palpation over the lumbar paravertebral musculature, moderate facet tenderness over L4-S1, piriformis tenderness on the left, positive Kemp's test bilaterally, positive straight leg raise on the left, positive Farfan test bilaterally, and decreased range of motion of the lumbar spine. Treatment has included medications (Voltaren and Zanaflex) and seven sessions of chiropractic treatments. The utilization review (November 6, 2015) non-certified a request for

a thirty day trial of an interferential unit for home use, and partially certified a request for Point of Care urine drug testing (original request for a urine toxicology screening).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Urine toxicology screening: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Urine Drug Testing (UDT).

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

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in February 2015 while working as a [REDACTED]. She was seen for an initial evaluation by the requesting provider on 10/21/15. She was having low back pain rated at 8/10 with radiating symptoms into the left lower extremity. Treatments had included 6-8 sessions of physical therapy. She had increased pain with massage treatments and the therapy was discontinued. In January 2015 cortisone injections to the left upper trapezius and low back / left buttock provided no improvement. Medications were Voltaren and Zanaflex. She had stopped taking tramadol for an unknown reason. Physical examination findings included a body mass index of nearly 29. There was an antalgic gait. She had diffuse lumbar paravertebral muscle tenderness. There was moderate facet tenderness. Kemp's and Farfan testing was positive bilaterally. Left straight leg raising was to 50-60 degrees. Left piriformis testing was positive. There was decreased lumbar spine range of motion. Authorization for urine drug screening and for a 30 day trial of home interferential unit is being requested. 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 was being prescribed and there is no reference to planned use of opioid medication. However, tramadol had been prescribed previously and the reason for discontinuance was unknown by the claimant. A negative result would be expected and, if there was a positive result or illicit medications or substances were detected, that information would be expected to impact future treatment. Urine drug screening was medically necessary.

#### **Interferential unit, for home use, 30 day trial: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in February 2015 while working as a [REDACTED]. She was seen for an initial evaluation by the requesting provider on 10/21/15. She was having low back pain rated at 8/10 with radiating symptoms into the left lower extremity. Treatments had included 6-8 sessions of physical therapy. She had increased pain with massage treatments and the therapy was discontinued. In January 2015 cortisone injections to the left upper trapezius and low back / left buttock provided no improvement. Medications were Voltaren and Zanaflex. She had stopped taking tramadol for an unknown reason. Physical examination findings included a body mass index of nearly 29. There was an antalgic gait. She had diffuse lumbar paravertebral muscle tenderness. There was moderate facet tenderness. Kemp's and Farfan testing was positive bilaterally. Left straight leg raising was to 50-60 degrees. Left piriformis testing was positive. There was decreased lumbar spine range of motion. Authorization for urine drug screening and for a 30 day trial of home interferential unit is being requested. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant had failed treatments including physical therapy, medications, and injections and had ongoing pain. The request is considered medically necessary.