MAXIMUS Federal Services

| Case Number: | CM15-0044020 | | |
|---|---|---|---|
| Date Assigned: | 03/13/2015 | Date of Injury: | 06/03/2013 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

## 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: California
Certification(s)/Specialty: Internal 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 36-year-old female, with a reported date of injury of 06/03/2013. The diagnoses include low back pain, lumbar radiculopathy, lumbar disc protrusion, and lumbar facet dysfunction, lumbosacral strain with disc herniation, and sacroiliac joint pain. Treatments to date included oral medications, physical therapy, and home exercise program. The pain management re-evaluation report dated 02/02/2015 indicates that the injured worker complained of continued low back pain. She rated her pain 6 out of 10. The physical examination of the lumbar spine showed a positive straight leg raise test, intact sensation to light touch, weakness on the bilateral hip flexion, and tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joint region. The treating physician requested a transcutaneous electrical nerve stimulation (TENS) unit and a urinalysis to determine the levels of prescription and the presence of any non-prescription drugs. It was noted that the injured worker reported that she used the TENS unit during physical therapy with extremely good results.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 308-310,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. MTUS Chronic Pain Medical Treatment Guidelines indicates that several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. The pain management report dated 2/2/15 documented low back conditions. MTUS and ACOEM guidelines do not support the use of transcutaneous electrical nerve stimulation (TENS) for low back conditions. Therefore, the request for TENS is not supported by MTUS or ACOEM guidelines. Therefore, the request for a TENS unit is not medically necessary.

**Urinalysis/drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The pain management report dated 2/2/15 documented low back conditions. Tramadol was prescribed. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for a urinalysis drug screen is medically necessary.