

<b>Case Number:</b>	CM15-0049584		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male, who sustained an industrial injury on 1/12/10. He reported low back pain. The injured worker was diagnosed as having myofascial pain syndrome, lumbar radiculopathy and lumbar strain. Treatment to date has included lumbar epidural injections, TENs unit, chiropractic treatments and pain medications. As of the medical legal supplementation report dated 8/12/14, the injured worker reports low back pain relief with the use of the TENs unit. The treating physician requested chiropractic treatments, TENs unit pads and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times a week for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for 8 Sessions of Chiropractic Treatment for the Lumbar Spine. The patient is not working. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. In this case, the utilization review letter on 02/19/15 indicates that the patient has had chiropractic treatment in the past. None of the reports discuss how many sessions the patient has attended or how the patient has responded to the treatment. The treater does not explain why chiropractic treatment is being requested at this time. Without documentation of functional improvement, additional chiropractic treatments are not supported by the MTUS. The request is not medically necessary.

**TENS pad x 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for Tens Pad x 2. Per 08/12/14 progress report, "The patient was given a home TENS unit on 11/24/10 after he demonstrated good pain relief and increase in function". Since then, the patient has received replacement TENS pads every few months since these pads are disposable and do not last more than usually a couple of weeks each". The patient is not working. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, the patient presents with radiculopathy in his legs, for which a TENS unit is indicated. The patient has previously used the TENS unit. There is documentation of its effectiveness, stating "good pain relief and increase in function". The use of TENS unit appears reasonable based on the outcome from the prior use. Therefore, the requested TENS pads are medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for Urine Drug Screen. The patient is not working. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the treater requested a repeat UDS because "he has a history of taking narcotics but does not provide the lists of medications." The most recent UDS was performed 3 months ago. The treater does not mention the result of UDS. The ODG guidelines do allow 1-2 UDS's per year for chronic opiate use if the risk is low. More frequent UDS's are allowed for higher risk. The treater does not provide opiate risk assessment to determine how often this patient requires opiate monitoring. The patient has had one performed just 3 months ago without discussion of its results. The treater appears to be obtaining UDS's without discussing its use. The request is not medically necessary.