

Case Number:	CM15-0052901		
Date Assigned:	03/26/2015	Date of Injury:	09/25/2014
Decision Date:	05/06/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/20/2015

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, California
 Certification(s)/Specialty: Family Practice

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 26-year-old male patient who sustained an industrial injury on 09/25/2014. Diagnoses include thoracolumbar sprain/strain with right sciatica, herniated nucleus pulposus at L4-L5 and L5-S1 with right radiculopathy, anxiety and insomnia. He sustained the injury when he protected grapes from falling over with cart. Per the physician progress note dated 02/10/2015 he had complains of moderate mid back pain and it radiates into the right leg and calf. The physical examination revealed positive nerve tension sign in sitting and lying down position; flexion of about 70 degrees in a standing position, normal strength and sensation. Per the note dated 2/10/15, patient was not taking any medications. Per the note dated 2/25/15, medications list includes naproxen and patient was prescribed gabapentin. He has had lumbar MRI on 11/21/2014. He has had physical therapy for this injury. Treatment requested is for 1 X-force with solar care device, and 1 urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-force with solar care device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Request: 1 X-force with solar care device. The requested DME is meant to provide heat therapy which is a kind of passive physical medicine treatment. Per the CA MTUS chronic pain guidelines cited below, "The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability." Rationale for not using simple hot packs versus the use of this DME- X-force with solar care device is not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of 1 X-force with solar care device is not fully established for this patient.

1 urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Request: 1 urine drug screen per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the note dated 2/10/15, patient was not taking any medications. Per the note dated 2/25/15, medications list includes naproxen and patient was prescribed gabapentin. Any evidence that the patient had a history of taking illegal drugs or potent high dose opioids was not specified in the records provided. History of aberrant drug behavior was not specified in the records provided. The medical necessity of 1 urine drug screen is not established for this patient at this juncture.