

Case Number:	CM15-0059887		
Date Assigned:	04/06/2015	Date of Injury:	08/13/2014
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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 65-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of August 30, 2014. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve requests for a urinalysis and a home TENS unit. The claims administrator referenced an RFA form dated February 2, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, was associated with the sole note on file, i.e., September 5, 2014 progress note. On September 5, 2014, the applicant reported ongoing complaints of neck, shoulder, and low back pain with associated right lower extremity paresthesias. The applicant reported difficulty with gripping and grasping. The applicant was depressed, it was acknowledged. The attending provider acknowledged that the applicant was off of work, on total temporary disability. As of this point in time, the applicant was still smoking. The applicant was diabetic, it was acknowledged. Ultracet, Naprosyn, Remeron, and a urine drug screen were endorsed, along with electro diagnostic testing of bilateral upper extremities. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95, 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 311.

Decision rationale: No, the request for a urinalysis was not medically necessary, medically appropriate, or indicated here. One of the applicant's primary pain generators was the lumbar spine. While the MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1 does acknowledge that a urinalysis can be considered in applicants in whom there are red flags for cancer or infection present, in this case, however, there was no mention of the applicant's having any issues with suspected cancer and/or infection present. There was no mention of the applicant's having issues with dysuria, polyuria, hematuria, and or other markers of urinary tract infection (UTI) on the sole progress note provided of September 5, 2014. While it is acknowledged that the February 2, 2015 progress note and associated RFA form on which the article in question was proposed was not incorporated into the IMR packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for a TENS unit for home use purposes was likewise not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Medical Treatment Guidelines does support a one-month trial of a TENS unit in applicants with chronic intractable pain of greater than three months duration in individuals in whom other appropriate pain modalities, including pain medications, had been tried and/or failed, in this case, however, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. The applicant was given Naprosyn and Ultracet on September 5, 2014. There was no mention of the applicant's has failed either drug. While it is acknowledged that the February 2, 2015 RFA form and the associated progress note on which the article in question was proposed were not incorporated into the IMR packet, the information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.