

Case Number:	CM15-0081803		
Date Assigned:	05/04/2015	Date of Injury:	02/21/2011
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 injured worker is a 52 year old male, who sustained an industrial injury on 02/21/2011. He reported injury to his head that included an open wound followed by symptoms of dizziness and headaches. Diagnoses included lumbar spinal stenosis worse at L2-3, L4-5, degenerative lumbar spondylosis L2-3, L3-4, L4-5, L5-S1 and left foot drop. Treatment to date has included aquatic therapy, medications, physical therapy, home exercise program, urine drug screens (last done on 10/28/2014) and a MRI. The injured worker was offered a two-level lumbar laminectomy and Colfax procedure at L2-3 and L4-5, but declined. According to a progress report dated 03/19/2015, the injured worker complained of lumbar spine pain that was rated 9 on a scale of 1-10 and moderate cervical spine pain. The treatment plan included physical therapy, interferential unit, hot/cold unit, Norco, Flexeril, Ibuprofen, topical analgesics, urine toxicology and a back brace. Currently under review is the request for an interferential (IF) 4000 unit, back brace and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF) 4000 unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): Chp 3 pg 48-9; Chp 12 pg 300, 308, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-120.

Decision rationale: IF (Inferential Stimulator) units are transcutaneous electrical nerve stimulation (TENS) units that use electric current produced by a device placed on the skin to stimulate the underlying nerves and which can result in lowering acute or chronic pain. It differs from other TENS units in that it modulates a TENS pulse at a higher wavelength. This presumably reduces the capacitance of skin and allows deeper penetration of the electrical currents into the skin. However, there is a lot of conflicting evidence for use of TENS and the MTUS specifically notes that IF therapy is not recommended as an isolated therapy. The MTUS does recommend TENS therapy during the first 30 days of the acute post-surgical period although it notes that its effectiveness for orthopedic surgical procedures is not well supported by the literature. This request for use on an IF unit in this patient is not during the immediate post-surgical period although it is in conjunction with other therapies (medication, physical therapy, acupuncture and chiropractic therapy). This meets the criteria required for its use. Thus medical necessity for a trial of this therapy has been established. The request is medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-8. Decision based on Non-MTUS Citation 1) North American Spine Society (NASS). Diagnosis and treatment of degenerative lumbar spinal stenosis. Burr Ridge (IL): North American Spine Society (NASS); 2011. 104 p. (542 references) 2) Canadian Institute of Health Economics: Toward Optimized Practice. Guideline for the evidence-informed primary care management of low back pain. Edmonton (AB): Toward Optimized Practice; 2011 37 p (39 references).

Decision rationale: A back brace is a device designed to limit the motion of the spine. It is used in cases of vertebral fracture or in post-operative fusions, as well as a preventative measure against some progressive conditions or for work environments that have a propensity for low back injuries. The ACOEM guideline does not recommend use of a back brace or corset for treating low back pain as its use is not supported by research based evidence. The North American Spine Society guidelines for treating lumbar spinal stenosis recommends use of a low back brace only when required for activities of daily living but notes any benefits from its use goes away as soon as the brace is removed. Although this patient does experience worsening pain on sitting and standing there is no mention of significant impairment in most of his activities of daily living. Considering the known science and the patient's documented impairments there is no indication for use of a back brace in treating this patient at this time. Therefore the request is not medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Chronic pain programs, opioids; Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15:S1-S662) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>.

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is on chronic opioid therapy and since use of regular urine drug screens, as noted above, is part of the expected patient care, the provider prescribing the opioid medication should request this testing regularly 2-4 times per year. The patient is not demonstrating signs or symptoms of opioid abuse and the provider is appropriately monitoring the patient's chronic opioid therapy with urine drug screening. It has been six months since the previous urine drug screen. Medical necessity for this test has been established. The request is medically necessary.