

Case Number:	CM15-0083004		
Date Assigned:	05/05/2015	Date of Injury:	07/01/2013
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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: California, North Carolina
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:

The injured worker is a 59 year old female who sustained an industrial injury on 7/1/13. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint sprain/strain. Currently, the injured worker reported complaints of lower back pain with radiation to the bilateral lower extremity with associated numbness and tingling. The injured worker rated their pain at 7/10. Physical examination noted an antalgic gait to the right, diffuse tenderness to palpation over the lumbar paravertebral musculature and moderate facet tenderness to palpation noted over L4 through S1. Previous treatments included activity modification, anti-inflammatory medications and analgesic medications. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for a random urine toxicology screen and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Urine Toxicology Screen (UTS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addition Page(s): 94.

Decision rationale: The CA MTUS recommends drug testing as an option to assess for the use or presence of illegal drugs or to monitor medication compliance. The request is for a UDS in a patient in chronic pain who is not currently prescribed opioids. The records submitted reveal no documentation of aberrant behavior or medication abuse or misuse. Therefore, the request for a UDS is not medically necessary.

Interferential unit, for home use, 30-day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy - Interferential Current Stimulation (ICS) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118.

Decision rationale: ICS is not recommended as an isolated intervention according to the CA MTUS. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Criteria for ICS include: pain is ineffectively controlled due to diminished effectiveness of medications, or pain is ineffectively controlled with medication due to side effects; or history of substance abuse, or significant pain from postoperative conditions, limits the ability to perform exercise programs/physical therapy treatment; or unresponsiveness to conservative measures. In this case, the criteria have not been met. Specifically there is no documentation of medication failure, side effects, or substance abuse to warrant the 30 day trial of ICS. Thus, this request is not medically necessary.