

<b>Case Number:</b>	CM15-0083977		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 20, 2012. In a Utilization Review report dated April 15, 2015, the claims administrator denied an X-Force Solar Care device for home use, a urine drug screen, an epidural injection, and a one-year [REDACTED] program while apparently approving tramadol and gabapentin. A RFA form received on April 6, 2015 and associated progress note of March 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 6, 2015, an X-Force Solar Care device for home use, a [REDACTED] program, urine drug testing, epidural injections, tramadol, and gabapentin were endorsed. On March 20, 2015, Levitra was endorsed for alleged sexual dysfunction. In a March 19, 2015 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar fusion surgery. The applicant had also undergone earlier shoulder surgery. The applicant was on Lexapro for depression. The applicant was not working and receiving State Disability Insurance (SDI) benefits in addition to Workers Compensation indemnity benefits, it was acknowledged. The applicant stood 5 feet 1 inch tall and weighed 239 pounds, it was reported. The X-Force stimulator Solar Care device, urine drug testing, Neurontin, tramadol, and a one-year [REDACTED] program were endorsed. It was not stated what attempt the applicant had made to lose weight of his own accord. The applicant was placed off of work, on total temporary disability, for additional six weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **X-Force Solar Care Device (for home use): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Infrared Therapy (IR).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 299. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, Chronic Pain Chapter, page 969.

**Decision rationale:** The request in question represents request for high-tech heating device. While the MTUS ACOEM Practice Guidelines do recommend at-home local applications of heat and cold as methods of symptom control for applicants with low back pain complaints, as were/are present here. By analogy, the MTUS ACOEM Practice Guidelines do not support high-tech devices for delivering heat therapy and/or cryotherapy, as was proposed here. The Third Edition ACOEM Guidelines takes a stronger position against high-tech devices for delivering heat therapy, noting that such devices and/or application of heat therapy by a healthcare provider is not recommended. Therefore, the request is not medically necessary.

### **Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach and applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. The attending provider made no attempt to categorize the applicant to into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated.

The attending provider did not attach the applicant's complete medication list to the March 19, 2015 progress note or April 6, 2015 RFA form. It was not stated when the applicant was last tested. Therefore, the request is not medically necessary.

**Epidural Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections is predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider seemingly sought authorization for multiple epidural injections without a proviso to re-evaluate the applicant between each injection so as to ensure a favorable response to the same before moving forward with repeat blocks. Therefore, the request is not medically necessary.

**1-year with [REDACTED] Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Preventive Services Task Force. Screening for and management of obesity in adults: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med 2012 Sep 4; 157 (5): 373-8.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention page(s): 11.

**Decision rationale:** The MTUS ACOEM Practice Guidelines states that strategies based on modification of applicant-specific risk factors such as the weight loss program in question may be less certain, more difficult, and possibly less cost effective. Here, the attending provider's progress note of March 19, 2015 did not outline what attempts (if any) the applicant had or had not made to try and lose weight of his own accord. Therefore, the request was not medically necessary.