

<b>Case Number:</b>	CM15-0088240		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 75 year old female, who sustained an industrial injury on 10/22/2004. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having herniated disc of lumbosacral spine and lumbar radiculopathy. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 03/26/2015, the injured worker presented with complaints of low back pain radiating down to both lower extremities. Objective findings include diminished sensation to light touch and pinprick at the bilateral L5-S1 dermatomal distribution. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit and urine toxicology testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens unit with replacement of batteries and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit with replacement batteries and supplies is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are herniated disc lumbosacral spine; and lumbar radiculopathy. The medical record contains 41 pages. According to a March 26, 2015 progress note, the injured worker complains of low back pain that radiates to the bilateral lower extremities. The injured worker has used a TENS unit in the past that has helped. The injured worker is now requesting a TENS unit with replacement batteries and supplies. There is no documentation of a TENS one month trial in the medical record. There are no specific short and long-term goals in the medical record. There is no documentation of failed conservative treatment. There is no documentation with objective functional improvement of prior TENS use with an associated reduction in medication use. Consequently, absent clinical documentation with a one-month clinical trial, evidence of prior use with objective functional improvement and reduction in medication use, TENS unit with replacement batteries and supplies is not medically necessary.

**Urine toxicology testing- (off site collection/ off-site analysis using high complexity lab test protocols including GB/MS, LC/MS and Elisa Technology):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine toxicology screening, off-site collections/off-site analysis, high complexity lab test protocol using GB/MS, LC/MS and ELISA technology is not medically

necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are herniated disc lumbosacral spine; and lumbar radiculopathy. The medical record contains 41 pages. According to a March 26, 2015 progress note, the injured worker complains of low back pain that radiates to the bilateral lower extremities. The documentation indicates the injured worker takes Norco for pain. There is no documentation of a strength or frequency in the medical record. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There are no risk assessments in the medical record to determine whether the worker is a low risk, intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation with Norco dosing and frequency, risk assessments, aberrant drug-related behavior, drug misuse or abuse, urine toxicology screening, off-site collections/off-site analysis, high complexity lab test protocol using GB/MS, LC/MS and ELISA technology is not medically necessary.