

<b>Case Number:</b>	CM14-0130086		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/07/1983
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 65-year-old female was reportedly injured on 10/7/1983. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 3/19/2014, was handwritten and difficult to read. The progress note indicated that there were ongoing complaints of neck, upper extremity, low back and lower extremity pains. Physical examination demonstrated decreased shoulder range of motion and painful lumbar spine with positive straight leg raise. The previous utilization review referenced a progress note dated 7/22/2014; however, that note was not available for this independent medical review. The progress note documented constant back pain related to continuous trauma injury that traveled down the bilateral legs to the feet with cramping, numbness and Charley horses in her feet. Magnetic resonance imaging (MRI) showed neuroforaminal stenosis and 3 mm anterolisthesis at L5-S1 (per reviewer, as report was not available). A Urine drug screen (UDS), dated 12/24/2013, was only positive for tramadol. Previous treatment included physical therapy, chiropractic treatment, home exercise program and medications to include Lipitor, Alendronate, Ropinirole, Zovirax, Tramadol, Promethazine, Temazepam, Tizanidine, Soma, Voltaren cream, Butalbital and Acetaminophen. A request had been made for urine toxicology screening, 30 Days home use of interferential unit, and bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection, which were not certified in the utilization review on 8/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology Screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction Substance abuse. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43,77.

**Decision rationale:** MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs or in patients with previous issues of abuse, addiction or poor pain control. Review of the available medical records fails to document the claimant takes tramadol, which was noted to be positive on a previous urine drug screen. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, this request is not considered medically necessary.

**30 Days Home Use of Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

**Decision rationale:** MTUS treatment guidelines do not support interferential therapy as an isolated intervention. Treatment guidelines will support a one-month trial in conjunction with physical therapy, exercise program and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records fails to document medical necessity or all criteria required for an IF unit one-month trial. As such, this request for a 30 Days Home Use of Interferential Unit is not medically necessary.

**Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection, x2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** MTUS treatment guidelines support lumbar epidural steroid injections when radiculopathy is documented on physical examination and corroborated by diagnostic imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the guideline criteria. Specifically, there is no documentation of electrodiagnostic studies confirming the diagnosis of lumbar radiculopathy. As such, the request

for Bilateral L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection, x2 is not considered medically necessary.