

Case Number:	CM14-0181074		
Date Assigned:	11/05/2014	Date of Injury:	02/28/2013
Decision Date:	12/09/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker (IW) is a 47-year-old woman with a date of injury of February 28, 2013. The mechanism of injury was not documented in the medical record. Magnetic resonance imaging (MRI) of the lumbar spine without contrast dated April 17, 2013 revealed the following: At L4-L5 mild arthritis of both facets. There is mild stenosis of the foramina due to posterolateral disc bulging. There is thickening of ligamentum flavum. There is mild concavity of the endplates. At L5-S1, there is mild arthritis of facets. The canal, foramina, and lateral recesses are large. There is sequel of Tarlov cysts. There is mild concavity of the vertebral endplates. Pursuant to a comprehensive pain management consultation report dated September 30, 2014, the IW complains of low back pain rated 9/10. The pain is described as sharp, stabbing, burning, dull, achy, very tender, and occasionally hypersensitive. On examination, the IW had difficulty during heel-toe walk secondary to low back pain. There was diffuse tenderness in the lumbar paravertebral musculature. There was moderate facet tenderness bilaterally from L2-S1. Kemp's test and Farfan's test were positive. Lumbar flexion is to 50 degrees, extension to 5 degrees, and lateral flexion to 20 degrees. Examination of the right knee revealed well-healed surgical scar. There was positive patellar compression test. The IW had no radicular symptoms on examination. The IW was diagnosed with lumbar degenerative disc disease, lumbar facet syndrome, and status-post right knee arthroscopy. The IW has failed conservative treatment including physical therapy, chiropractic care, medication, rest, and home exercise program more than 6 weeks over the past 12 months. The provider recommends bilateral L4-S1 medial branch blocks, interferential unit 30-day trial for home use; continue Norco 5/325mg and Remeron, and urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit (30) day Trial: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Interferential Unit

Decision rationale: Pursuant to the Official Disability Guidelines, the interferential unit (ICS) for 30 days is not medically necessary. ICS is not recommended as isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications. There is limited evidence of improvement on those recommended treatments alone. The following patient selection criteria should be documented by the medical care provider for ICS to be medically necessary: pain is ineffectively controlled due to diminished effectiveness of medications; pain is ineffectively controlled with medications due to side effects; history of substance abuse; or significant pain from postoperative acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If those criteria are met, a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. This should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the injured workers primary complaint is pain in the lower back that goes from side to side. The injured worker is currently working. There was apparent low back pain with ambulation heel to toe. Physical examination was notable for diffuse tenderness over the lumbar musculature. There was no tenderness present. The treating physician did not document the pain was ineffectively controlled due to diminished effectiveness of medication, and ineffective control of medication due to side effects, whether there was a history of substance abuse, or whether the injured worker was unresponsive to conservative measures. Additionally, ICS is to be combined with the recommended treatments including return to work, exercise and medications. While the injured worker was on both medications and is working, there is no evidence in the record of physical therapy or a home exercise program. Consequently, the interferential unit (ICS) for 30 days is not medically necessary.

Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Urine Drug Studies

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug screening is recommended as a tool to monitor compliance with

prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The 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 a patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker is taking Norco (an opiate medication) for treatment of his low back pain. There is no documentation showing the injured worker is at high risk or intermediate risk for drug addiction. Nor is there documentation a low risk for drug misuse or abuse. Additionally there are no previous drug screens aberrant behavior or signs of drug misuse or abuse documented in the medical record. Consequently, the absence of indications documented in the medical record for urine drug screen, urine drug screen is not medically necessary.