

Case Number:	CM15-0019456		
Date Assigned:	02/09/2015	Date of Injury:	04/14/2006
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male who sustained an industrial injury on 04/14/2006. Diagnoses include lumbar degenerative disc disease, lumbar radiculitis, and lumbar facet syndrome, failed back surgery syndrome, and left ankle pain, status post right ankle surgery. Treatment to date has included medications, aqua therapy, and trigger point injections. A physician progress note dated 01/06/2015 documents the injured worker complains of pain in the thoracic, lumbar spine, and his bilateral ankles. He rates his pain as a 9-10 out of 10. Medications help with pain approximately 30-40%. He sleeps about 3 hour a night. Range of motion is decreased in his lumbar spine. Treatment requested is for Transcutaneous Electrical Nerve Stimulation (TENS) Unit purchase, and Urine Toxicology Screen. On 01/14/2015 Utilization Review non-certified the request for urine drug screen, and cited was California Medical Treatment Utilization Schedule (MTUS)-Urine Drug Screen Guidelines. On 01/14/2015 Utilization Review non-certified the requests for Transcutaneous Electrical Nerve Stimulation (TENS) Unit purchase, and cited was California Medical Treatment Utilization Schedule (MTUS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): , page(s) 77-78; 94..

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. In this case, there is no documentation of drug abuse or aberrant behavior. There is no documentation of drug abuse or misuse. There is no rationale provided for requesting UDS test. Therefore, Urine Toxicology Screen is not medically necessary.

TENS Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back pain disorders. Therefore, the prescription of TENS Unit x1 month trial for lumbar is not medically necessary.