

Case Number:	CM15-0116164		
Date Assigned:	06/24/2015	Date of Injury:	06/26/2014
Decision Date:	07/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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, Florida, 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 injured worker is a 41 year old male, who sustained an industrial/work injury on 6/26/14. He reported initial complaints of neck pain. The injured worker was diagnosed as having cervical disc disorder with radiculopathy and cervical disc protrusion. Treatment to date has included medication and diagnostics. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 11/21/14. Currently, the injured worker complains of continued cervical spine pain that was rated 9/10. Per the primary physician's progress report (PR-2) on 5/27/14, examination reported no changes in progress, extreme pain to the cervical spine with stiffness and weakness. X-rays report loss of cervical lordosis. Current plan of care included surgical intervention consultation, interferential unit, testing, and follow up. The requested treatments include Urine Toxicology Screen and IF (interferential) Unit prefer vendor VQ DOS: 5/27/15 30-60 day rental, purchase if effective.

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
Page(s): 43.

Decision rationale: The injured worker is a 41 year old male injured on 6/26/14. There was neck pain. The diagnoses were cervical disc disorder with radiculopathy and cervical disc protrusion. Per the primary physician's progress report (PR-2) on 5/27/14, examination reported no changes in progress, extreme pain to the cervical spine with stiffness and weakness. X-rays report loss of cervical lordosis. No drug issues are noted. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately not medically necessary under MTUS criteria.

IF Unit prefer vendor VQ DOS: 5/27/15 30-60 day rental, purchase if effective: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation ODG Low Back, under Interferential Stimulators.

Decision rationale: As shared previously, the injured worker is a 41 year old male injured on 6/26/14. There was neck pain. The diagnoses were cervical disc disorder with radiculopathy and cervical disc protrusion. Per the primary physician's progress report (PR-2) on 5/27/14, examination reported no changes in progress, extreme pain to the cervical spine with stiffness and weakness. X-rays report loss of cervical lordosis. The MTUS notes that electrical stimulators like interferential units are 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, for the conditions described below:-
Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) -Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) -Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) -Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) Further, regarding interferential stimulators for the low back, the ODG notes: Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current

works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). See the Pain Chapter for more information and references. See also Sympathetic therapy. In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately not medically necessary.