

<b>Case Number:</b>	CM15-0123799		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Connecticut, California, Virginia  
 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:

This 43 year old female sustained an industrial injury on 9/22/14. She subsequently reported back pain. Diagnoses include disc herniation of the lumbar spine. Treatments to date include x-ray and MRI testing, modified work duty, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the buttock and lower extremity. Upon examination, there was tenderness with flexion of the spine. Rotation and lateral side bending are limited. Palpation of the lumbar spine reveals significant tenderness and mild spasms. Supine and active straight leg raises were positive at 60 degrees. A request for IF Unit and Supplies 30-60 Day Rental and Purchase and urine toxicology screen was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit and Supplies 30-60 Day Rental and Purchase:** Upheld

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

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

**Decision rationale:** The MTUS guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention. There are no standardized protocols for the use of interferential therapy, and the evidence does not support clear value to treatment, and while not recommended as an isolated intervention, patient's should be selected for consideration only by meeting the following criteria: pain ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. Additional criteria may include history of substance abuse or significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures (repositioning, heat/ice, etc.). If the aforementioned criteria are met, consideration of a one-month trial may be appropriate to assess added benefit of treatment. The few provided records do not discuss the criteria that would support consideration of ICS therapy, and therefore given the provided records, the request is not medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screening Page(s): 89.

**Decision rationale:** The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, there is no evidence of risk assessment for abuse, etc. Without documentation of concerns for abuse/misuse or aberrant behavior, the need for screening cannot be substantiated at this time and is not medically necessary.