

<b>Case Number:</b>	CM15-0028422		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 6, 2013. In a utilization review report dated February 10, 2015, the claims administrator approved medial branch blocks, denied a urine toxicology screen, and denied an interferential unit 30-day trial. The claims administrator referenced a January 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 14, 2015, the urine toxicology screen, interferential unit, and multilevel medial branch blocks were sought. The attending provider did not state which drug testings and/or drug panels he was testing for. The attending provider stated that the applicant had moderate-to-severe persistent low back pain. The applicant was using Celebrex and Dexilant. It was suggested (but not clearly stated) that the applicant was still working with limitations in place.

### 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 Opioids, steps to avoid misuse. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127.

**Decision rationale:** No, the request for a urine toxicology screen (a.k.a. urine drug testing) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing Topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, further states that an attending provider should eschew confirmatory and/or quantitative testing outside the emergency department drug overdose context, and suggests categorizing applicants into higher or lower risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not identify when the applicant was last tested. The applicant's complete medication list was not seemingly incorporated into multiple progress notes, referenced above, including on a January 14, 2015 progress note. It was not stated what drug testings and/or drug panels were being tested for. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT). The attending provider failed to signal his intention to eschew confirmatory and/or quantitative testing; similarly, the attending provider made no attempt to categorize the applicant into higher or lower risk categories for which more or less frequent testing would be indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Interferential unit trial x30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 120 of 127.

**Decision rationale:** Similarly, the request for an interferential unit 30-day trial rental was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is recommended as an option in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled due to medication side effects, and/or history of substance abuse which would prevent provision of analgesic medications. Here, however, there is no mention of the applicant as having failed analgesic medications, nor is there any mention of troublesome medication side effects present

here. No clear rationale for provision of the interferential stimulator device was furnished, in short. Therefore, the request was not medically necessary.