

<b>Case Number:</b>	CM15-0061630		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 65 year old female, who sustained an industrial injury on 02/12/2014. She reported that while walking at work she lost her balance and fell backward with her right leg extended and her left leg folded beneath her at the knee. Upon hitting the floor she struck her head and sustained a momentary loss of consciousness. When she awoke she experienced pain to the neck, left shoulder, left knee, low back, left elbow, and head. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatment to date has included laboratory studies, electromyogram with nerve conduction study of the bilateral upper extremities, home exercise program, medication regimen, computed tomography of the head, magnetic resonance imaging of the neck, physical therapy, x-rays of the left knee and lumbar spine, and acupuncture visits. In a progress note dated 02/03/2015 the treating physician reports complaints of constant, stabbing, sharp pain to the low back pain that radiates to the buttocks, bilateral legs, and into the calves with the left greater than the right along with occasional numbness, tingling, and cramping sensation. The pain is rated as an eight to nine out of ten. The treating physician requested a 30 day trial of an interferential unit for home use noting the effects and benefits of use of an interferential unit. The treating physician also requested urine drug testing as a random drug screening to establish a baseline to monitor compliance of medications, to ensure that the injured worker is not receiving medications from multiple resources, and/or is not using illicit drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit time 30 Day Trial For Home Use: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Interferential Unit.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Interferential unit (ICS) 30 day trial home use is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for ICS to be medically necessary. These criteria include pain is an effectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the worker's working diagnoses are lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. The treatment plan states the injured worker should have an interferential unit for 30 days. There is no clinical indication for clinical rationale in the medical record for its use. There is no documentation with the anatomical region for its application. There are no short and long-term goals (after the 30 day trial) submitted in the medical record documentation. The pain management initial consultation indicates the injured worker takes Tylenol. A review of the orthopedic progress notes shows the injured worker is allergic to codeine, but otherwise, there are no medications listed in the medical record. The patient selection criteria should be documented by the medical care provider for ICS to be determined medically necessary. There is no discussion regarding diminished effectiveness of medications, side effects of medications or history of substance abuse. Consequently, absent clinical documentation with the Patient Selection Criteria (supra), the anatomical region to be applied to along with a clinical indication and rationale in the medical record, interferential unit 30-day trial home use is not medically necessary.

**Urine Drug Testing: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, UDS.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This 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 the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the worker's working diagnoses are lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. The injured worker is under the care of a pain management specialist. The initial report from the pain management specialist dated February 3, 2015 shows the patient is taking Tylenol. A review of the treating orthopedist progress notes shows the injured worker is allergic to Tylenol with Codeine. There are no other opiate-based or scheduled substances documented in the medical record. There is no clinical indication or rationale in the medical record for a urine drug toxicology screen. There is no risk assessment in the medical record. There are no detailed pain assessments in the medical record. There was a urine drug screen performed on February 3, 2015 that was negative for any controlled substances. Consequently, absent clinical documentation with a clinical indication or rationale for urine drug screen, a medication list that includes only Tylenol and no risk assessment or detailed pain assessment, urine drug screen is not medically necessary.