

<b>Case Number:</b>	CM15-0072021		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old male, who sustained an industrial injury on 6/25/2010. Diagnoses have included displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, depressive disorder and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medication. According to the progress report dated 3/23/2015, the injured worker complained of low back pain rated 5-7/10. Physical exam revealed pain of the lumbar spine and the sacrum. Gait was antalgic. There was reduced range of motion of the lumbar spine. Authorization was requested for active medication specimen collect (urine toxicology), purchase of traction unit, home therapy exercise kit, purchase of Lumbar-Sacral Orthosis (LSO) back brace and purchase of transcutaneous electrical nerve stimulation (TENS) unit with electrodes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Active med specimen collect (utox)(drug toxicology screen):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Urine drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): 76-80, page(s) 94-95.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain in the lower back and the left leg. Treatment recommendations included the use of a restricted medication, including an opioid. While the submitted and reviewed documentation did not include an individualized risk assessment as encouraged by the Guidelines, attentive restricted medication monitoring for addiction and diversion is supported by the Guidelines. In light of this supportive evidence, the current request for an active medical specimen collections (utox drug toxicology screen) is medically necessary.

**Purchase of traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 181, 300, 308. Decision based on Non-MTUS Citation Anderson BC, et al. Treatment of neck pain. Topic 7777, version 26.0. UpToDate, accessed 07/06/2015.

**Decision rationale:** The ACOEM Guidelines do not support the use of this type of passive treatment for pain in the upper and lower back regions. Studies of cervical traction delivered along with a physical therapy program have not shown this treatment to provide greater benefit than placebo. The literature does not support using cervical traction for the treatment of neck pain. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and the left leg. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the purchase of a traction unit is not medically necessary.

**Home therapy exercise kit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** The MTUS Guidelines encourage the use of a home exercise program as part of a treatment program for chronic pain. The literature shows strong evidence that treatment programs that include aerobic conditioning and strengthening have superior outcomes compared with those that do not with both immediate and long-term benefits. Education, independence,

and on-going exercise long-term should be emphasized. The submitted and reviewed records indicated the worker was experiencing pain in the lower back and the left leg. There was no discussion detailing special circumstances that sufficiently supported the worker's need for equipment in order to include a home exercise program in the worker's treatment. In the absence of such evidence, the current request for a home therapy exercise kit is not medically necessary.

**Purchase of LOS back brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9, 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The MTUS Guidelines recommend the use of lower back support braces after a recent injury to the lower back causing pain or a recent flare of pain symptoms. Education and encouragement of proper body positioning during activities and/or lifting is superior to the use of braces. Research has not shown lower back braces to have a lasting benefit beyond the earliest phase of symptom relief. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and the left leg. There was no discussion suggesting reasons a back brace would be helpful or detailing special circumstances that supported this request. In the absence of such evidence, the current request for the purchase of a LOS back brace is not medically necessary.

**Purchase of TENS unit with electrodes: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of the one-month TENS trial, or describing short- and long-

term therapy goals. In the absence of such evidence, the current request for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit with electrodes is not medically necessary.