

Case Number:	CM15-0077390		
Date Assigned:	04/28/2015	Date of Injury:	05/01/2013
Decision Date:	05/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on 05/01/2013. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; displacement of lumbar intervertebral disc without myelopathy; and rotator cuff (capsule) sprain. Treatment to date has included medications, diagnostics, injection, physical therapy, and surgical intervention. Medications have included Hydrocodone/Acetaminophen, Cyclobenzaprine, Diclofenac Sodium ER, Tramadol ER, and Pantoprazole. A progress note from the treating physician, dated 04/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued dull, moderate pain to the right shoulder and lumbar spine; and pain is rated at 4/10 on the visual analog scale. Objective findings included decreased strength to the lumbar spine; x-rays of the right shoulder and right humerus show no increase of osteoarthritis; and x-rays of the thoracic spine and lumbar spine show loss of lumbar lordosis. The treatment plan has included the request for IF (Interferential) Unit 30-60 days rental; and urine toxicology screen in house. Notes indicate that a 30 day tens unit trial was recommended for authorization. Additionally, notes indicate that a urine drug screen was performed on October 9, 2014. The progress report dated April 2015 recommends urine toxicology screening "to check the efficacy of the prescribed medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit 30-60 days rental: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. Furthermore, it appears that a tens unit trial was recommended for authorization, and there is no statement indicating how the patient responded to that treatment modality. In light of the above issues, the currently requested interferential unit is not medically necessary.

Urine toxicology screen in house: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking

controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.