MAXIMUS Federal Services

Case Number:	CM15-0098550		
Date Assigned:	05/29/2015	Date of Injury:	09/22/2010
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/21/2015

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 51year old who has filed a claim for chronic neck, low back, shoulder, and elbow pain reportedly associated with an industrial motor vehicle accident of September 22, 2010. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for an interferential unit and associated supplies rental versus purchase and an outpatient urine drug screen. The claims administrator referenced a RFA form dated April 16, 2015 and associated progress note of April 9, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 16, 2015, the attending provider sought authorization for interferential unit with associated supplies 30 day rental and purchase and a urine toxicology screen. In an associated progress note of April 9, 2015, the applicant reported multifocal complaints of shoulder, neck, low back, and elbow pain. The attending provider sought authorization for an interferential unit and also suggested urine drug testing. A rather proscriptive 10 pound lifting limitation was endorsed. Little-to-no narrative commentary was provided. The note was quite sparse. It was not clearly stated whether the applicant was or was not working with said 10-pound lifting limitation in place, although this did not appear to be the case. The applicant's medication list was not provided. Medication efficacy was not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit (IF) unit and supplies thirty to sixty (30-60) day rental and purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the proposed interferential unit 30 to 60 day rental with subsequent purchase was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one month trial of an interferential stimulator may be indicated in applicants in whom pain is ineffectively controlled due to medication side effects, applicants in whom pain is ineffectively controlled owing to diminish medication efficacy, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications, here, however, no such history was furnished. There was no mention of the applicant having issues with intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals. The applicant's medication list was not attached to the April 9, 2015 progress note. There was no mention of the applicant having failed any particular medication or medications. There was no mention of the applicant having history of substance abuse. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that purchase of interferential stimulator should be reserved for applicants who demonstrate increased functional improvement, less reported pain, and evidence of medication reduction following an earlier trial of the same. Here, however, the attending provider had seemingly framed the request as a rental to purchase, with no explicit proviso to re- evaluate the applicant following completion of the trial rental before moving forward with the decision to purchase the device. Therefore, the request was not medically necessary.

Outpatient urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for an outpatient urine toxicology screen was likewise 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 testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, and attempt to categorize applicants into higher or lower risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The applicant's complete medication list was not attached to the request for authorization for testing. The

attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.