

<b>Case Number:</b>	CM13-0008287		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	01/29/1998
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 72-year-old female with a 11/29/98 date of injury, and status post L4-5 XLIF graft with interspinous spacer. At the time of request for authorization for routine random urine toxicology screens (4) times a year or every (90) days for low back pain and physical therapy 4 x 6 for the back pain, there is documentation of subjective (low back pain and dyesthetic pain that radiates down her legs) and objective (full power in her lower extremities, some residual numbness in her left thigh, and incision is well healed) findings, current diagnoses (status post L4-5 XLIF), and treatment to date (medications). Report indicates that the patient has undergone some sessions of post operative physical therapy with improvement in function and range of motion. There is no documentation of on-going opioid treatment and a patient at "moderate risk" of addiction & misuse. Regarding physical therapy, there is no documentation of the number of previous post operative physical therapy sessions completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROUTINE RANDOM URINE TOXICOLOGY SCREENS (4) TIMES A YEAR OR EVERY (90) DAYS FOR LOW BACK PAIN.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT Page(s): 78. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment as criteria necessary to support the medical necessity of Urine Drug Screen. ODG supports urine drug testing within six months of initiation of opioid therapy and on a yearly basis thereafter for patients at "low risk" of addiction, 2 to 3 times a year for patients at "moderate risk" of addiction & misuse, and testing as often as once per month for patients at "high risk" of adverse outcomes (individuals with active substance abuse disorders). Within the medical information available for review, there is documentation of a diagnosis of status post L4-5 XLIF. However, there is no documentation of on-going opioid treatment and a patient at "moderate risk" of addiction & misuse. Therefore, based on guidelines and a review of the evidence, the request for routine random urine toxicology screens (4) times a year or every (90) days for low back pain and physical therapy 4 x 6 for the back pain is not medically necessary.

**PHYSICAL THERAPY 4 X 6 FOR THE BACK PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS Postsurgical Treatment Guidelines supports 34 visits over 16 weeks for the postoperative management of lumbar fusion. ODG supports up to 34 post-operative physical therapy visits in the management of the cited condition/injury. Within the medical information available for review, there is documentation of a diagnosis of status post L4-5 XLIF. In addition, there is documentation of previous post operative physical therapy sessions completed to date and objective improvement with previous treatment. However, there is no documentation of the number of previous post operative physical therapy sessions completed to determine if guidelines have already been exceeded or will be exceeded with the additional request. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 4 x 6 for the back pain is not medically necessary.