

<b>Case Number:</b>	CM13-0046800		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/16/1993
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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:

The patient is a 75-year-old female who reported an injury on 04/16/1993. The patient is diagnosed with lumbar radiculopathy, cervical radiculopathy, and right shoulder arthralgia, multilevel herniated nucleus pulposus of the lumbar spine with stenosis, multilevel herniated nucleus pulposus of the cervical spine with stenosis, degenerative disc disease of the cervical spine and lumbar spine, and right S1 radiculopathy. The patient was seen by [REDACTED] on 10/02/2013. The patient reported 7/10 pain. Physical examination revealed tenderness to palpation of the cervical, thoracic, and lumbar paraspinals, as well as decreased range of motion, decreased sensation in the left C6 and C7 dermatomes, decreased sensation in the right L5 and S1 dermatomes, and decreased strength. Treatment recommendations included physical therapy twice per week for 4 weeks, as well as continuation of current medications and a med panel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to cervical & lumbar spines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. There is no documentation of this patient's previous course of physical therapy with total treatment duration and efficacy provided for review. There is also no documentation of an acute flare-up of symptoms. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89..

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the documentation submitted, the patient's injury was over 20 years ago to date and there is no indication of non-compliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. Therefore, the request is non-certified.

**CBC:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing.

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The patient exhibits no symptoms to suggest abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations. Based on the clinical information received, the request is non-certified.

**Renal function test:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing.

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The patient exhibits no symptoms to suggest abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations. Based on the clinical information received, the request is non-certified.

**Liver function panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** California MTUS Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The patient exhibits no symptoms to suggest abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations. Based on the clinical information received, the request is non-certified.