

Case Number:	CM13-0059167		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2009
Decision Date:	04/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 53-year-old male who reported injury on 05/12/2009. The mechanism of injury was noted to be a cumulative trauma injury. The patient was noted to have prior treatments of a TENS unit/muscle stimulator, a 9-week [REDACTED] program, and epidurals that were done years prior. Physical examination revealed the patient had tenderness bilaterally to the lumbar spine and pain with range of motion. The straight leg raise was negative both sitting and supine. The patient's diagnoses were noted to be degenerative disc disease, myofascial pain, lumbar degenerative disc disease, sciatica, low back pain, and arthritis of the low back. The plan was for a urine drug screen, as well as physical therapy. It was indicated that the patient signed a controlled substance agreement and all medications were being filled appropriately, and there were no concerns of drug abuse or diversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines indicate that physical medicine treatments are appropriate for patients for short term relief during the early phases of pain treatment. Treatment is recommended for a maximum of 9 to 10 visits for myalgia and myositis. The patient's injury was in 2009. There was as lack of documentation of objective functional deficits to support the physical therapy. Additionally, there was a lack of documentation indicating the quantity of physical therapy sessions the patient had previously attended, as well as the patient's functional benefit received from the physical therapy. The patient should be well-versed in a home exercise program. Given the above, the request for physical therapy of the lumbar spine, quantity 8, is not medically necessary.

Urine Drug Screen QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation ODG Web: 2009 Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. Clinical documentation submitted for review indicated the patient's medications were being filled appropriately; there were no concerns of drug abuse or diversion; and the patient signed a controlled substance agreement. There was a lack of documentation indicating a necessity for a urine drug screen. Given the above, the request for a urine drug screen, quantity 1, is not medically necessary.