

Case Number:	CM13-0059851		
Date Assigned:	04/23/2014	Date of Injury:	05/18/2012
Decision Date:	05/23/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine & Rehabilitation 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:

is a 53-year-old female who was involved in a MVA on 05/18/2012 while rear-ended by another vehicle. She sustained injury to her head, knees, neck and lower back. Treatment history includes physical therapy with no relief, ESIs, acupuncture, chiropractic adjustments, and medications including Progesterone, Plaquenil, Zyrtec, Flonase, Singulair, Prozac, ibuprofen, and Robaxin. The records submitted includes prior urine drug screening done on 02/19/2013 and 03/26/2013. The prior UR report indicates that patient had urine drug screening done on 04/23/2013, 05/21/2013, and 06/18/2013. A progress note dated 04/22/2013 indicates the patient presented with posterior occipital headaches #9 severity with nausea and pounding; bilateral elbow pain, popping and achy; left hip and right ankle pain, level 7; and left thumb pain, moderate, level 5. No physical exam was documented. Diagnoses was hip pain, low back pain, headache, neck pain, and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE CERVICAL SPINE TWICE (2) A WEEK FOR EIGHT (8) WEEKS: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. In this case, this patient has tried 4 sessions of physical therapy without documentation of functional improvement. Additionally, the request is for 16 sessions of physical therapy and guidelines recommend 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. Thus, the request exceeds the guidelines recommendation and thus is not considered medically necessary.

PHYSICAL THERAPY TO THE LUMBAR SPINE TWICE (2) A WEEK FOR EIGHT (8) WEEKS: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. In this case, this patient has tried 4 sessions of physical therapy without documentation of functional improvement. Additionally, the request is for 16 sessions of physical therapy and guidelines recommend 9-10 visits for myalgia and myositis and 8-10 visits for neuralgia, neuritis, and radiculitis. Thus, the request exceeds the guidelines recommendation and thus is not considered medically necessary.

URINALYSIS (RETROSPECTIVE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening For Risk Of Addictions Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs as well as to monitor compliance with prescribed substances. In this case, this patient has chronic pain. There is documentation that this patient has had urine drug screening done on 02/19/2013, 03/26/2013, 04/23/2013, 05/21/2013, and 06/18/2013. There is no documentation of drug abuse or illegal drug use and therefore the patient is considered at low risk. ODG indicates that patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Thus, the request for retrospective urinalysis is considered not medically necessary.

