

<b>Case Number:</b>	CM13-0064302		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Orthopedic Surgeon 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:

The patient is a 50 year old male who was injured on 01/26/2012 when the patient's van was rear-ended by a vehicle. The patient had immediate pain in the neck and low back. The patient had x-rays, surgery and was treated with supplements and medication. Prior treatment included Restone 3/100mg, Hydrocodone/APAP 10/325mg #60, Ondansetron ODT 8 mg, Omeprazole 20mg #100, Vicodin 5/500mg #60 and cyclobenzaprine 7.5mg #60. The examinee has had lumbar spinal fusion surgery on 07/27/2013. A clinic note dated 10/11/2013 stated the patient was doing significantly better but having some dull, achy low back pain rated 2/10 on the pain scale; with pain in the legs rated 1/10. The patient did home walks every day and denied any radiculopathy. The patient complained of neck pain rated 4/10 and is not taking medications nor attending therapy. Examination of the lumbar spine revealed sciatic stretch does aggravate the low back somewhat. Straight leg raise was negative. There was limited range of motion to the lumbar spine. There was some spasm and tenderness noted in the paraspinal muscles. The treatment plan was post-operative physical therapy for lumbar spine, 2x a week for 4 weeks. There is another request for retrospective review for urinalysis performed on 10/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE PHYSICAL THERAPY EIGHT (8) SESSIONS, 2 TIMES PER WEEK FOR 4 WEEKS, FOR THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic) and Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** This patient had lumbar fusion at L4-5 and L5-S1 on 07/27/2013. As per CA MTUS guidelines, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. Postsurgical physical therapy of 34 visits over 16 weeks is recommended by guidelines. A clinic note dated 10/11/2013 indicates that he has tenderness over paraspinal muscles and limited lumbar motion. This patient has not had physical therapy, and therefore the request for 8 visits of physical therapy is medically necessary and appropriate.

**RETROSPECTIVE URINALYSIS DOS: 10/11/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

**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), CHAPTER - PAIN (CHRONIC), URINE DRUG TESTING (UDT).

**Decision rationale:** As per CA MTUS and ODG, urine drug screen is recommended to assess for the use or the presence of illegal drugs and to monitor compliance of prescribed substances. The provider's report dated 10/11/2013 indicates on page 2 that, he is currently not taking medications. Therefore, the medical necessity has not been established, and the retrospective request for urinalysis (DOS: 10/11/13) is not medically necessary and appropriate.