

Case Number:	CM14-0003175		
Date Assigned:	02/07/2014	Date of Injury:	09/09/2011
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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:

The patient is an employee of the [REDACTED] and has submitted a claim for cervical and lumbar spine strain associated with an industrial injury date of September 9, 2011. Treatment to date has included NSAIDs, opioids, deep tissue massage, theracane, and physical therapy. Medical records from 2013 to 2014 were reviewed. The patient complained of intermittent paresthasias on the dorsal aspect of the left hand aggravated at night with cold weather. Physical examination of the cervical spine showed restricted range of motion at flexion of 40 degrees, extension of 40 degrees, lateral flexion R of 25 degrees, and spasms on upper and lower trapezius and rhomboid muscles. Utilization review from December 31, 2013 denied the requests for urine drug screening and physical therapy 2 times a week for 3 weeks. The reasons for denial were unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREENING: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Criteria of Urine Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines on pages 77-78 states that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess for addiction, or poor pain control in patients under on-going opioid treatment. It can likewise be requested before a therapeutic trial of opioids to determine baseline levels. In this case, the treatment plan is to start patient on narcotics if there will be persistence of pain despite NSAID use. Urine testing is being requested to assess baseline for future comparison. The medical necessity has been established. Therefore, the request for urine drug screening is medically necessary.

PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transitioned into a self-directed home program. ODG Physical Therapy Guidelines recommend 10 visits over 8 weeks for cervical and lumbar strains. Page 9 of the CA MTUS states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment is accomplished by reporting functional improvement. In this case, the patient completed 12 physical therapy sessions for the cervical spine with noted improvement; the patient was able to go back to work. However, the request for 6 more sessions of physical therapy exceeds the recommended number of sessions for this case. There were no reports of functional deficits or worsening of symptoms on the recent progress notes. Furthermore, there is no mention of a definite functional goal that should be achieved with the patient's re-enrollment to this program. There are no reports as to why the patient is unable to perform home exercises; the patient is likewise expected to be well-versed in a self-directed home exercise program by now. The current request did not specify the body part to be treated. Therefore, the request for Physical Therapy 2 times a week for 3 weeks is not medically necessary.