

<b>Case Number:</b>	CM14-0007099		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Orthopedic Surgery 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 injured worker is a 49-year-old female who sustained an injury to her low back on 11/26/01. The mechanism of injury was not documented. Current medications included Pepcid, Valium, Lortab, Xanax and Norco. Physical examination noted normal motor, reflex and sensory examinations in the bilateral upper/lower extremities. There was tenderness and spasm in the lumbar paraspinal musculature; flexion/extension to 20°; tenderness with effusion present. The injured worker was recommended physical therapy for the low back and recommended to continue with current medications as prescribed. Toxicology testing was also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE 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, Physical Therapy (PT).

**Decision rationale:** The previous request was denied on the basis that it was expected the injured worker would transition to an independent active home rehabilitation program to

maintain progress made during previous physical therapy treatment. The records do not provide a rationale as to why the injured worker would require additional supervised therapy rather than continued rehabilitation in a fully independent home exercise program. There were no functional deficits identified that will require supervised therapy. There was no additional significant objective information provided that would support the need to reverse the previous adverse determination. In concurrence with the previous determination, medical necessity of the request for physical therapy two times a week for eight weeks has not been established. The request is not medically necessary.

**URINE TOXICOLOGY TESTING IN 60-90 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction..

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

**Decision rationale:** The previous request was denied on the basis that there was no documentation of the date and results for testing in the presence or absence of aberrant behaviors. For low-risk patients, urine drug screening is recommended approximately once a year and there was no documentation suggesting that this patient has an increased risk or diversion of abuse to support the need for more frequent testing. Given the clinical documentation submitted for review, medical necessity of the request for urine drug screen has not been established. The request is not medically necessary.