

<b>Case Number:</b>	CM14-0102991		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/14/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and 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:

The injured worker is a 22-year-old female who reported an injury on 07/14/2013. The mechanism of injury was not provided for clinical review. The diagnoses included musculoligamentous sprain/strain of the cervical spine, C4-5 disc bulge, left elbow injury, status post cubital tunnel decompression, musculoligamentous sprain/strain of the lumbar spine, L5-S1 disc herniation. The previous treatments included 20 sessions of physical therapy, surgery, and medication. Within the clinical note dated 06/02/2014, it was reported the injured worker complained of urine leaking when in physical therapy. Upon the physical examination, the provider noted the injured worker was able to heel walk and toe walk bilaterally. The injured worker had positive cervical and lumbar tenderness. The cervical range of motion was decreased by 20%. The lumbar spine range of motion was decreased by 25%. The injured worker had tenderness to palpation with swelling and decreased range of motion. The provider requested physical therapy, interferential unit, and a urine drug screen. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 06/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 4 week - Cervical , Lumbar Spine and Left Elbow; Interderential unit Trial x 6 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Interferential Current Stimulation (ICS) Page(s): 98-99; 118-119.

**Decision rationale:** The request for physical therapy 2 x 4 a week for the cervical, lumbar spine, and left elbow; interferential unit x 6 months is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. In addition, the California Guidelines do not recommend an interferential current stimulation as a stim care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatment including return to work, exercise, and/or medication; and limited evidence of improvement of those recommended treatments alone. It may possibly be appropriate for the following conditions if documented, that pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of documentation provided that would reflex diminished effectiveness of medication, a history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise programs/physical therapy treatment. There was a lack of documentation indicating the injured worker was unresponsive to conservative measures. The requesting physician did not include all adequate and complete assessment of the injured worker's objective functional condition, which would demonstrate deficits needing to be addressed as well as baseline by which to assess objective functional improvement. There is a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the therapy. The additional number of sessions requested exceeds the guidelines recommendation of 8 to 10 visits. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased strength or range of motion. Therefore, the request is not medically necessary.

**Interferential Unit Trial x 6 Months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

**Decision rationale:** The request for interferential unit trial x 6 months is not medically necessary. The California Guidelines do not recommend an interferential current stimulation as a stim care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatment including return to work, exercise, and/or medication; and limited evidence of improvement of those recommended treatments alone. It may possibly be appropriate for the following conditions if documented, that pain is ineffectively

controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is history of substance abuse, significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. There is a lack of documentation provided that would reflect diminished effectiveness of medication, a history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise programs/physical therapy treatment. There is a lack of documentation indicating the injured worker was unresponsive to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition, which would demonstrate deficits needing to be addressed as well as baseline by which to assess objective functional improvement. The additional number of sessions requested exceeds the guidelines recommendation of 8 to 10 visits. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased strength or range of motion. Therefore, the request is not medically necessary.

**Retrospective: Urine Drug Test DOS: 06/02/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test.

**Decision rationale:** The request for retrospective urine drug test DOS 06/02/2014 is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. Although a urine drug screen would be appropriate for those individuals on opioids, urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug-seeking behaviors. Therefore, the request is not medically necessary.