

<b>Case Number:</b>	CM14-0112399		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/10/2003
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 53-year-old male who reported an injury on 05/10/2013 due to moving and setting up wooden and metal barricades when he experienced a sharp pain to the lower back. The injured worker had diagnoses of degenerative disc disease with herniated nucleus pulposus at the L4-5 and L5-S1 and lumbosacral strain. The MRI dated 03/31/2010 of the lumbosacral spine indicated herniated nucleus pulposus with a degenerative disc disease at the L4-5 and a bulging disc at the L5-S1. The MRI dated 04/07/2011 of the lumbosacral spine revealed a central L4-5 herniated nucleus pulposus with degenerative disc disease. Prior treatments included physical therapy. The injured worker had a history of lower back pain. The objective findings dated 06/11/2014 revealed normal reflex, sensory, and power testing to the bilateral lower extremities with mild weakness; straight leg raise and bowstring were negative bilaterally; normal gait; positive lumbar tenderness; and range of motion was decreased by 25% at the lumbar spine. Per the clinical note dated 06/11/2014, the injured worker is on numerous medications for pain. However, medications were not documented. The injured worker rated his pain to the lower back and the lower left extremity 5/10 using the VAS. The treatment plan included refill medications, physical therapy. The rationale for the urinalysis was to decide if modifications were appropriate for medication regimen. The rationale for the physical therapy was the injured worker wanted to continue with physical therapy. The Request for Authorization was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times eight:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that active physical therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from therapist or medical provider such as verbal, visual and/or tactile instruction(s). The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per the clinical notes, the injured worker had physical therapy. However, no documentation was provided of the number of times or progression. The objective findings indicated a normal gait. Per the clinical notes, the injured worker is taking numerous medications; however, no documentation was available for review. The request did not have the duration. As such, the request is not medically necessary and appropriate.

**Retrospective request: Full panel urine drug screen (06/11/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screen Page(s): 43.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends drug screening as an option using a drug screen to assess for the use or the presence of illegal drugs and for the ongoing management of opioids dependence and addiction screening for risk of addiction and to avoid misuse/addiction. Per the clinical note, the injured worker had a urine drug screen collected prior to the 06/11/2014 office visit. However, the treating physician is requesting a drug screen for modification of medications. Per the clinical notes there was no indication that the injured worker was taking illegal drugs or had an addiction. As such, the request is not medically necessary and appropriate.