

Case Number:	CM14-0158197		
Date Assigned:	10/23/2014	Date of Injury:	01/05/2014
Decision Date:	12/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 underlying date of injury in this case is 01/05/2014. The date of the initial utilization review under appeal is 08/27/2014. The patient's diagnoses include a lumbar sprain with radiculitis as well as lumbar myofascial pain syndrome and possible lumbosacral discogenic disease. On 08/07/2014, the patient was seen in primary treating physician followup. The patient complained of pain in the mid and upper back and low back. On physical examination, the patient had tenderness to palpation over the paraspinal muscles in the thoracic and lumbar spine, which are unchanged. No new neurological deficits were noted. A prior MRI of the lumbar spine was noted to be within normal limits. Continued physical therapy was recommended for 12 visits, and the patient was referred for localized intensive neurostimulation or LINT treatment. Urine toxicology testing was also recommended for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the lumbar spine 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends to allow for fading of treatment frequency and active self-directed home physical medicine. This patient would be expected to be treated with an independent home rehabilitation program by this time. The records do not provide an alternate rationale as to why this patient instead would require additional supervised physical therapy. The request is not medically necessary.

Lint of the lumbar spine 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LINT therapy Page(s): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses LINT therapy or percutaneous neuromodulation therapy on page 98. This guideline states that this treatment is not recommended and is investigational. The records do not provide an alternate rationale for this request. Therefore the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction Page(s): 94-95.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on drug testing, page 43, states that urine drug testing is recommended as an option to assess for the use or presence of illegal drugs. The medical records do not discuss what drugs are proposed to be tested for or a reason or frequency for such drug testing. Therefore, rationale for this drug testing has not been established. The request is not medically necessary.