

<b>Case Number:</b>	CM14-0160606		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 43 year old female with an injury date of 3/25/2009. Work status: "Return to full duty on 8/25/2014 with no limitations or restrictions." Based on the 8/25/14 progress report by [REDACTED], this patient has continued to have burning pain radiating down her arms." Objective findings include "an MRI examination of the cervical spine has been obtained and is reviewed today" and "patient is attending physical therapy for left elbow and cervical spine." Diagnoses for this patient are displacement of cervical intervertebral disc without myelopathy and cervicgia (ICD- 9 code 722.0 and 723.1). The utilization review being challenged is dated 9/04/14. The request is for physical therapy 3x4 neck, left elbow and urine toxicology screening. Physical therapy was denied due to the lack of subjective benefits and objective improvements, and no documentation as to why the claimant cannot continue rehab on a home exercise basis. The urine drug screen was denied because the risk level assessed is unclear, frequency of testing, and previous urine drug test have not been documented for this claimant. The requesting provider is [REDACTED] and he has provided various reports from 3/31/14 to 8/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3x4 neck, left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with burning pain that radiates down her arms. The provider requests physical therapy 3 xs week x 4 weeks to the neck and left elbow. MTUS guidelines allow for 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. Per the 8/25/14 report, "Patient is attending physical therapy for left elbow and cervical spine." This patient has had "good results with a prior physical therapy sessions responded well, but still struggles with weakness and function, which causes difficulty performing her everyday activities of daily living (ADLs)." There is a lack of documentation as to why this patient cannot be reasonably be expected to transition to a home exercise program, given this patient has already returned to work: modified on 6/03/14, then was cleared to return to full duty, without restrictions on 8/25/14. The request for 12 sessions, in addition to the 12 sessions that were already approved on the 6/06/14 exceeds the maximum number of sessions recommended by MTUS for this type of diagnosis. Therefore, the request for additional physical therapy is not medically necessary and appropriate.

**Urine toxicology screening:** Overturned

**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 Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Urine Drug Testing (UDT).

**Decision rationale:** This patient presents with burning pain that radiates down her arms. The provider requests a urine toxicology screening. MTUS guidelines recommend urine drug screening to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Per the 8/25/14 report, this patient was "dispensed the following medications to alleviate pain and discomfort to alleviate pain and discomfort: Hydrocodone / APAP 10/325 mg # 60- for pain relief, Orphenadrine Citrate ER 100mg #60, Diclofenac Sodium ER 100 mg # 60- for inflammation and swelling and Pantoprazole Sodium ER 20mg # 60- to prevent gastritis/heartburn" and the provider requests a "urine toxicology screening to check efficacy of medications." The ODG does recommends, for low risk patients, up to two drug screens per year. Review of submitted medical records does not indicate this patient is exhibiting aberrant drug behaviors or is non-adherent to the medication schedule. Reviews of records note a 3/03/14 RFA for UA, which was approved on 3/06/14. A second urine toxicology screening to monitor this patient's compliance with pharmacological regimen or as ongoing management of this patient's use of opioids /controlled substances seems reasonable. Therefore, the request is medically necessary and appropriate.

