

Case Number:	CM14-0180030		
Date Assigned:	11/04/2014	Date of Injury:	01/21/2003
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational and Environmental Medicine; has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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 individual is a 63 year old female with a 1/21/03 date of industrial injury. A separate date of industrial injury is also charted: 4/30/08. She describes pain in the neck with radiation to the bilateral shoulders which then radiates to both hands (rated 7/10), she also complains of thoracic and lumbar pain (rated 8/10) with the lumbar pain radiating to her right leg. She is status post left and right carpal tunnel repair. The individual has a history of moderate depression and anxiety. She has treated the chronic pain with physical therapy, chiropractic manipulation, acupuncture and medication. Objective improvement has not been noted in the chart for these treatments. An X-ray of the hands show ossification of the soft tissues. X-ray of the neck, thoracic spine and lumbar spine show a lack of lordosis with degenerative disc disease noted L5-S1. On physical examination; limited range of motion and decreased strength were noted in her spine. Her current medication regimen is not charted. No history of pain medication addiction is noted. This request is for a Urine Toxicology Screen and additional Physical Therapy for the neck and bilateral wrists/hands (3x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96, 108-109.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. The medical records do not indicate her prescribed medication, past or present. The note from the psychiatrist states that the individual does not have a problem with abusing pain medication. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for a urine toxicology screen is deemed not medically necessary.

Physical Therapy for the neck and bilateral wrists/hands, 3 x 4:

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 Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, ODG Preface- Physical Therapy, Carpal Tunnel Syndrome, Physical Therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks In regards to the hands/ wrists, ODG does not recommend extended physical therapy after the initial post- surgical physical therapy sessions. ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. It does state in the medical records that the individual has undergone Physical Therapy more than one time for this chronic pain in her neck and wrists. She received physical therapy

after her carpal tunnel release surgeries. It does not appear that the individual has re-injured herself. Additionally, it is not noted in the provided medical records, if the individual had functional and objective improvement following her extensive past physical therapy sessions. The decision for Physical Therapy for the neck and bilateral wrists/hands, 3 x 4 is deemed not medically necessary.