

Case Number:	CM14-0030878		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2003
Decision Date:	07/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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 Louisiana. 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 patient is a 35 year-old female who was injured on 08/22/2003. The mechanism of injury is unknown. Ortho Progress report dated 02/10/2014 indicates the patient complained of neck pain rated as 9/10; bilateral shoulder pain rated as 8/10 and mid upper back pain rated as 9/10. On examination of the cervical spine and upper extremities, there is mild tenderness across the trapezius and on the lumbar paravertebrals bilaterally. Sensation is decreased over the right C6, C7, and C8 dermatome distributions. Range of motion reveals flexion to 40 degrees; extension to 24 degrees; left lateral bend to 30 degrees; right lateral bend to 28 degrees; left rotation to 45 degrees; and right rotation to 48 degrees. It is recommended the patient be treated conservatively and with a short course of physical therapy twice a week for 4 weeks. A random urine toxicology screening is requested as well for medication compliance. Prior utilization review dated 02/20/2014 states the request for physical therapy (ultrasound, electrical stimulation, exercises, massage, myofascial release, joint mobility) two times a week for four weeks (cervical) was not certified as the patient has tried acupuncture therapy with no benefit as well as physical therapy. The total number of physical therapy sessions that the patient has completed to date is unclear and no evidence has been provided to show functional improvement. The request for Random drug testing/urine toxicology screening (frequency and duration not specified) is not certified as the patient has been treated conservatively and is not utilizing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (ultrasound, electric stim, exercises, massage, myofascial release, joint mobility) two times a week for four weeks (cervical): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter, Physical Therapy.

Decision rationale: The Official Disability Guidelines (ODG) for physical therapy were reviewed and continued use of physical therapy is recommended when functional improvements are documented. In this case the patient records reflect minimal improvements with acupuncture and no improvement with prior PT treatments. The frequency and sustained functional improvement from prior treatment is not documented. This request is not medically necessary.

Random drug testing/urine toxicology screening (frequency and duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 chapter, Urine Drug Testing.

Decision rationale: ODG recommends drug screening as a tool to monitor compliance with prescribed substance abuse. The records reflect this patient is not taking any prescribed medication as she is attempting to get pregnant. There is no supporting documentation to warrant a UDT. This request is not medically necessary.