MAXIMUS Federal Services

Case Number:	CM14-0040796		
Date Assigned:	06/27/2014	Date of Injury:	09/27/2008
Decision Date:	08/19/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on September 27, 2008. The mechanism of injury is noted as restraining a resident. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the bilateral upper extremities as well as low back pain radiating to the right lower extremity. The physical examination demonstrated decreased cervical spine range of motion and tenderness along the cervical paraspinal muscles. There was decreased sensation in the right C7 dermatomes and a positive Tinel's sign at both wrists and elbows. There was tenderness of the lumbar spine paraspinous muscles with muscle spasms present. There was an antalgic gait with ambulation. There was decreased sensation at the right L5 dermatome. An MRI of the cervical spine showed disc protrusions at C4-C5 and C5-C6 and C6-C7. An MRI of the lumbar spine showed a disc protrusion at L4 - L5 and L5 - S1 contacting the thecal sac. Nerve conduction studies noted mild bilateral cubital tunnel and carpal tunnel syndrome. Previous treatment includes physical therapy and epidural steroid injections for the cervical and lumbar spine. A request had been made for physical therapy twice week for six weeks and he urine drug screen four times per year and was not certified in the pre-authorization process on March 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back - Lumbar and Thoracic, Physical Therapy, Updated July 3, 2014.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical therapy for sprains and strains of the lumbar spine would include 10 visits over eight weeks time. According to the attached medical record the injured employee has already participated in physical therapy for the lumbar spine. It is unclear why additional physical therapy is requested at this time. Without specific justification for formal physical therapy this request for physical therapy twice week for six weeks is not medically necessary.

Urine Drug Screen once each quarter (4 times a year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Drug testing MTUS (Effective July 18, 2009) Page 43 of 127 Page(s): 43 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction or poor pain control. Given the lack of documentation of high risk behavior, previous abuse or misuse of medications, the request for urine drug screen four times per year is not medically necessary.