MAXIMUS Federal Services

Case Number:	CM14-0070443		
Date Assigned:	07/14/2014	Date of Injury:	07/27/2013
Decision Date:	08/21/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 Texas 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:

The injured worker is a 22-year-old female who reported an injury on 07/27/2013. The mechanism of injury was not specifically stated. Current diagnoses include buttock contusion, lumbar spine sprain, and anxiety disorder. The latest physician progress report submitted for this review is documented on 10/03/2013. The injured worker reported persistent lower back pain with swelling. It is noted that the injured worker has been previously treated with chiropractic therapy and medication management. Current medications include tramadol and diclofenac. Physical examination revealed mild swelling of the lumbar spine, tenderness to palpation, limited range of motion, intact sensation and normal motor strength. Treatment recommendations at that time included continuation of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits, count 24.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

Genetic Testing.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Genetic testing for potential opioid abuse.

Decision rationale: Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. Studies are inconsistent with inadequate statistics and a large phenotype range. Therefore, the request is non-certified.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 AND 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no indication of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. As the medical necessity has not been established, the request is non-certified.

Terocins Topical Patches.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Treatment in Workers Compensation, 7th Edition, Treatment Index, Chapter/section: Low Back updated 3/14/2011, sub-heading: Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. There is no specific strength, frequency, or quantity listed in the current request. Therefore, the request is non-certified.